

Name
in
Full

Thomas A W Baker

CERTIFICATE OF DEATH

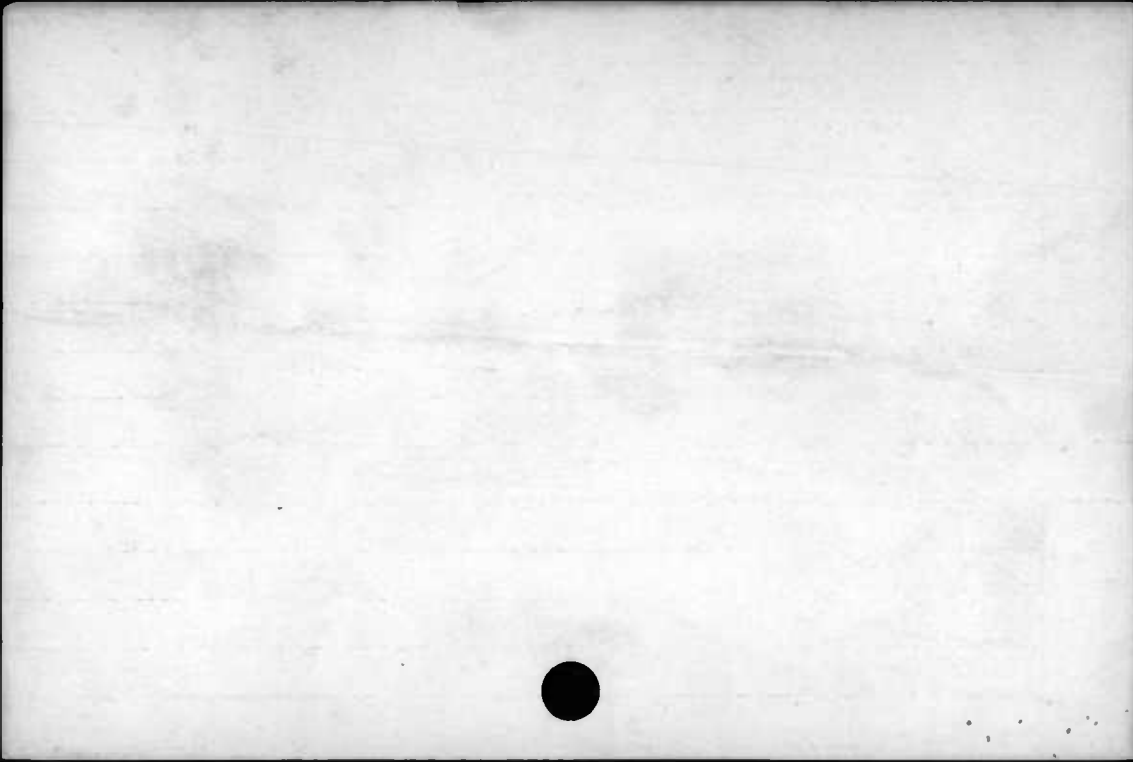
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Annapolis		Anne Arundel		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	2	July	14	Age	—	9	—
Sex	Male		Color or Race	White		Birth-place	Annapolis Md
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum		How long	105	Two months
Immediate	Ashtemia		How long		
Are the name, age, sex, color, date and place correctly given above?			yes.		
Signature of Physician			Geo. Wells.		
Address			Annapolis Maryland.		
Accident or Suicide?			—		



Mary M Baley.

Town

County

Died at German Town 2nd Dis. Anne Arnold MARYLAND

Date 1902 July 17 Age 5' 27" Native of Ind Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband
of

Wife

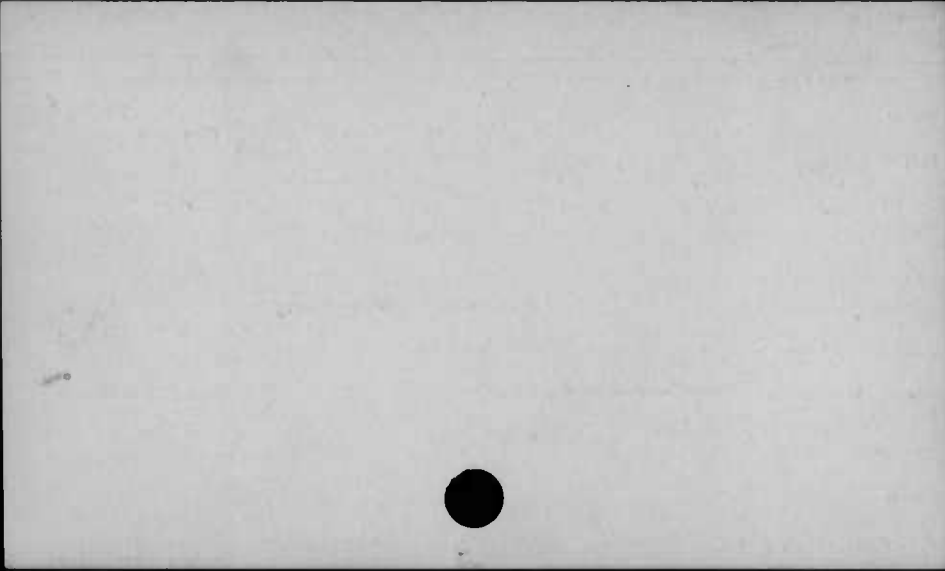
Father's Name William C Baley Mother's Maiden Name Mary F Jones.

Cause of Death Primary Marasmus Exhaustion 105 How long sick Two months Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carters Bay</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>30</i>	Years <i>25</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Russia</i>		
Married, <i>—</i>			Occupation <i>Housewife</i>		
Name of Wife or <i>Julia Becsiniski</i>					
Father's Name <i>John Milwetch</i>			Father's Birthplace <i>Russia</i>		
Mother's Maiden Name <i>Tollie Milwetch</i>			Mother's Birthplace <i>Russia</i>		
Name of person giving information <i>Adam Becsiniski</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Puerperal Fever</i>		How long	<i>5 days</i>
Immediate	<i>yes</i>		How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Thos. B. Horton M.D.</i>	
		Address	<i>Carters Bay Md.</i>	
Accident or Suicide?				



Name
in
Full

Walter McKinley Boston

CERTIFICATE OF DEATH

MARYLAND

Died at

Islen Burnie

Town

County

Date

of death 1902

Month

July

Day

6th

Years

Age

Months

7

Days

Sex

male

Color or
Race

African

Birth-
place

a a c o

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Darius Boston

Father's
Birthplace

a a c o

Mother's
Maiden Name

Mary Lizzie Jacobs

Mother's
Birthplace

a a c o

Name of person giving
Information

Darius Boston

How related
to deceased

father

CAUSES OF DEATH

Primary

Feeling

How long

4 weeks

Immediate

convulsion

How long

1 day -

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

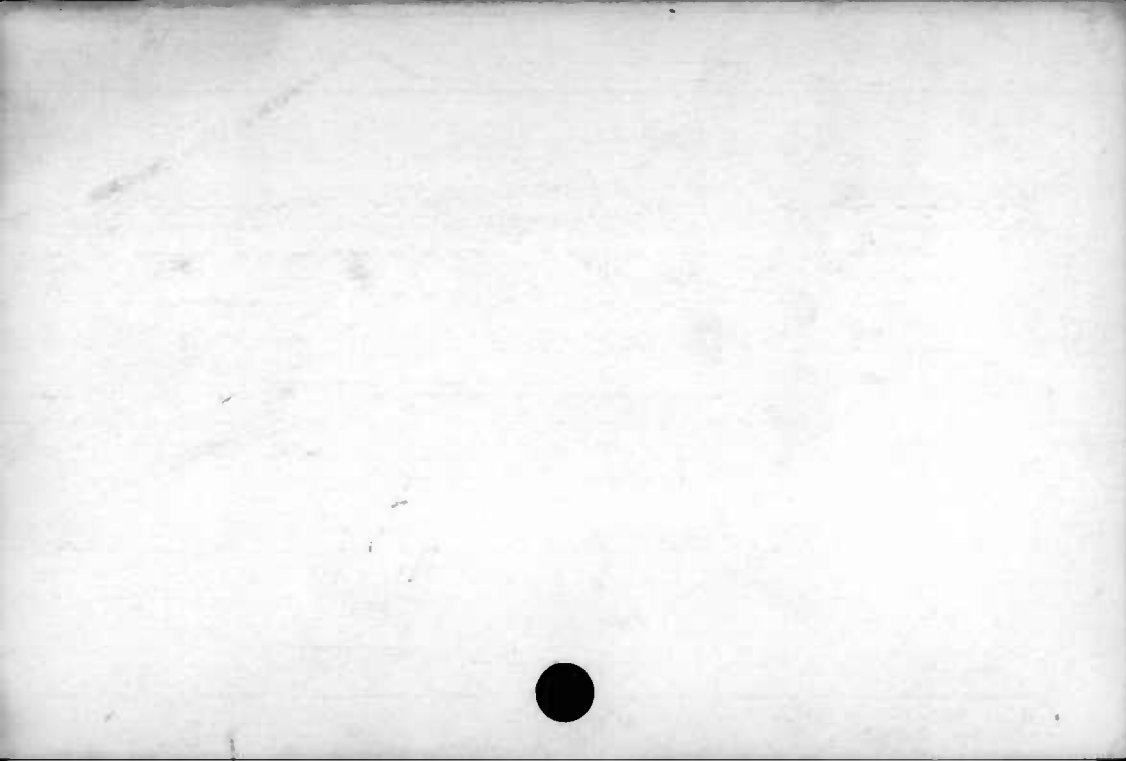
J H Brayshaw

Islen Burnie

Ma

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Caroline Elizabeth Boucsein

CERTIFICATE OF DEATH

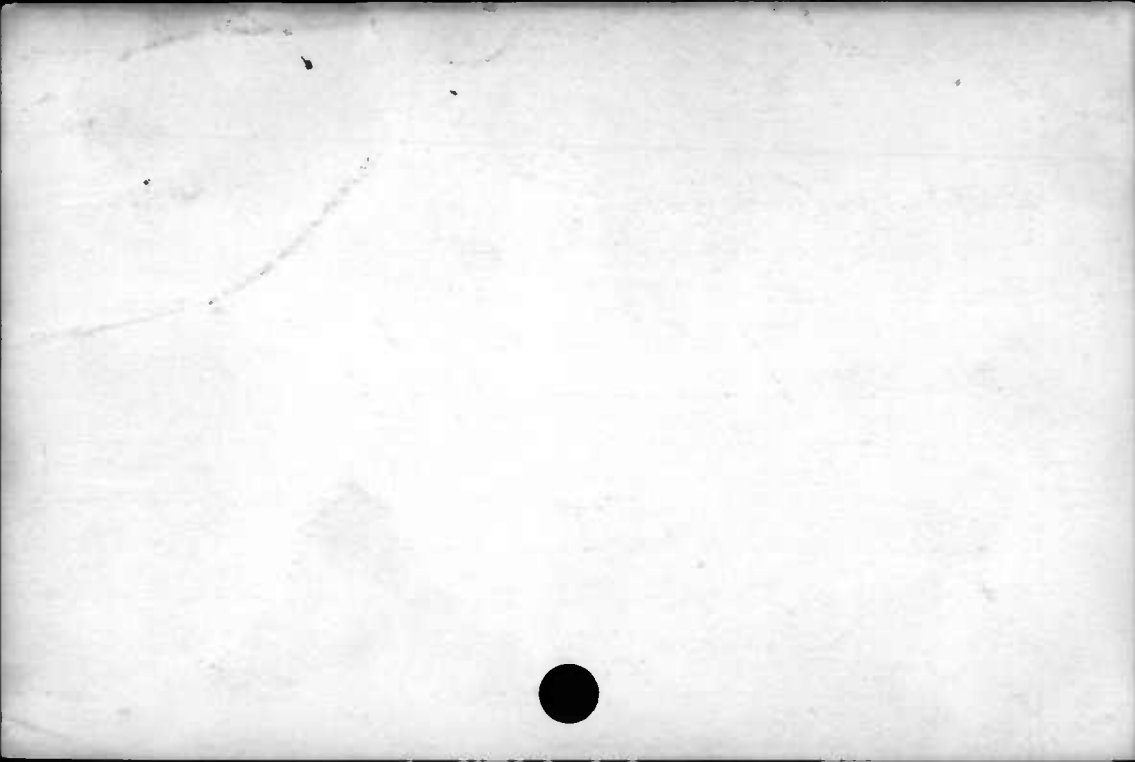
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Jessup</u> Town		<u>22</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>July</u>	Day <u>20</u>	Age <u>61</u> Years	Months <u>9</u>	Days <u>29</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Married, Single or Widowed			Occupation <u>Wife</u>		
Name of Wife or Husband <u>Louis Boucsein</u>					
Father's Name <u>Friedrich Otto</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Mrs. Leo</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving Information <u>Dr. Wm. R. Trimmer</u>			How related to deceased <u>not related</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	} <u>Phthisis Pulmonalis</u>	How long	<u>one year &</u>
Immediate		How long	<u>seven months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Wm. R. Trimmer</u>	
		Address <u>908 N. Fulton Ave.</u> <u>Baltimore, Md</u>	
Accident or Suicide?			



Name
in
Full

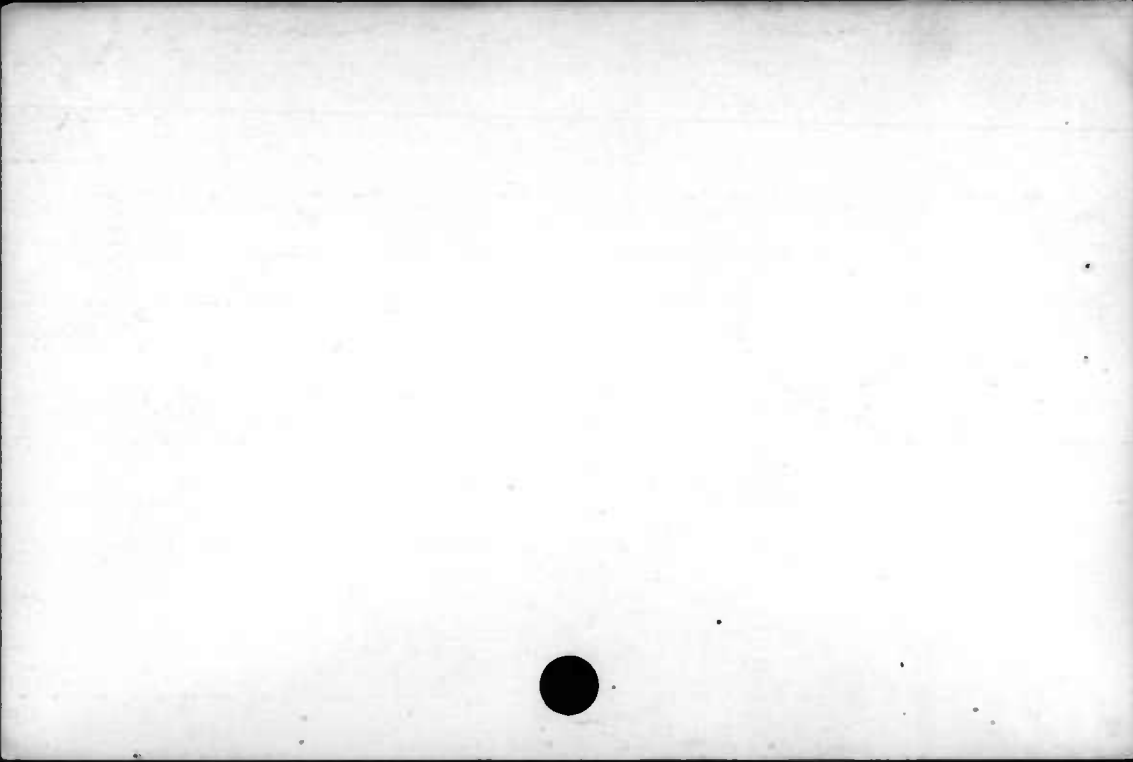
James Brainerd

CERTIFICATE OF DEATH

Died at		Town Gambrells		County Anne Arundel		MARYLAND	
Date of death 1902		Month July	Day 21	Age 70		Months	Days
Sex Male		Color or Race African.		Birth- place Dont know			
Married, Single or Widowed		Married		Occupation Laborer			
Name of Wife or Husband		Dont know					
Father's Name		Dont know				Father's Birthplace	
Mother's Maiden Name		Dont know				Mother's Birthplace	
Name of person giving In formation		William Ridgely				How related to deceased Not at all	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Paralysis.	66	How long	
	Immediate	Heart failure		How long	One day
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Thomas H. Bracyshaw M.D.	
				Address Glen Burnie	
Accident or Suicide?					



Name in Full

Certificate of Death

Henry Briggs

To County

Died at

Harris Anne Arnold

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

7 22

Age

- 26

Ind

Male

~~Female~~~~Colored~~~~Widow~~~~Divorced~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Charles Briggs

Mother's

Name

Mamie Briggs

Cause of

Primary

Cholera Infantum
exhaustion

How long sick

four days -

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

R. A. Hammond A. M. D.

Address

Jessup. Ind.

Signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY



Name
in
Full

James Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>AA</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u> ^{Month}	<u>July</u> ^{Day}	<u>29th</u> ^{Years}	Age	<u>2</u> ^{Months}	<u>18</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>Annapolis</u>			
Married, Single or Widowed <u>—</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>James Brown</u>			Father's Birthplace <u>Annapolis</u>		
Mother's Maiden Name <u>Charlotte Parker</u>			Mother's Birthplace <u>Annapolis</u>		
Name of person giving information <u>James Brown</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>Six days</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. K. E. Campbell</u>
<u>8</u> Accident or Suicide?	Address <u>10 Second St Annapolis Md</u>



Name
in
Full

Sarah Brown

CERTIFICATE OF DEATH

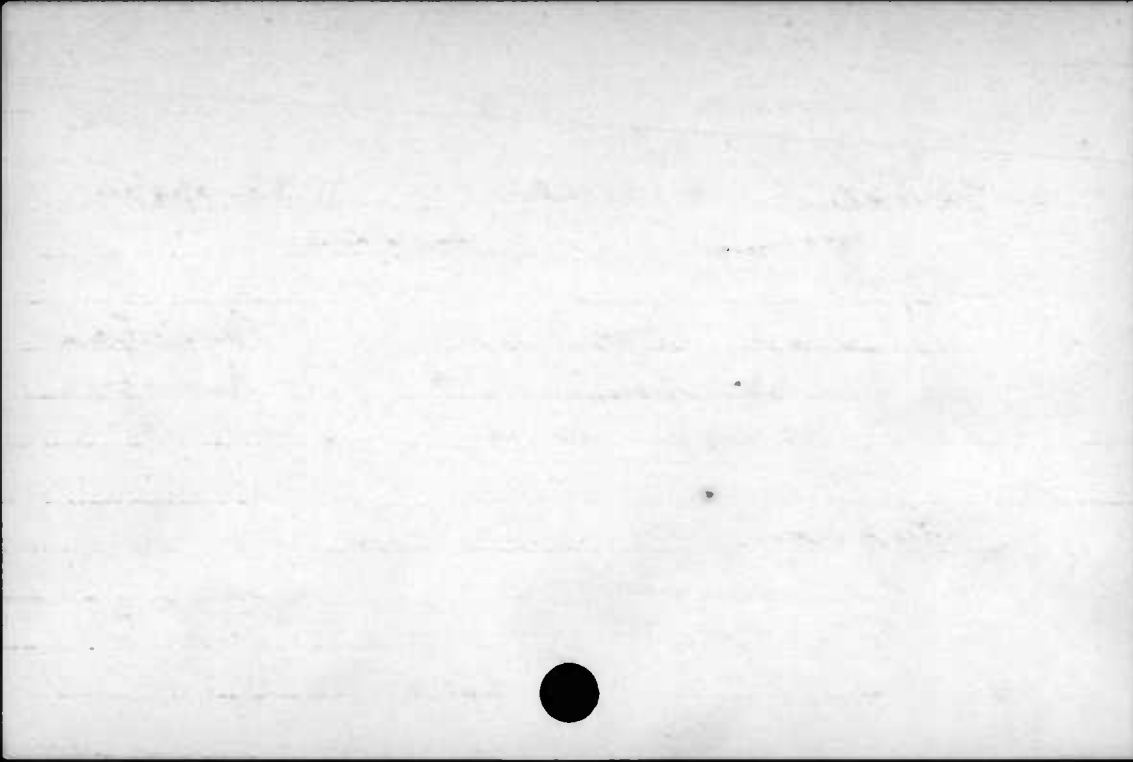
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County AA		MARYLAND	
Date of death 190		Month 2	Day July	Age 29 th	Years 49	Months	Days
Sex Female		Color or Race colored		Birth- place Annapolis			
Married, Single or Widowed Married				Occupation book			
Name of Wife or Husband Benj. Brown							
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name Unknown				Mother's Birthplace Unknown			
Name of person giving In formation Benj. Brown				How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Nephritis		How long Seven months
Immediate Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John Ridout MD
Address Annapolis Md		
Accident or Suicide? J		



Name in Full		Louisa Carpenter				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at			Town	County		MARYLAND		
	Date of death 190		2	Month	July	Day	18 th	Age	Years
	Sex		Female		Color or Race		Colored		Months
	Married, Single or Widowed				Occupation				Birth-place
	Name of Wife or Husband				27				4
	Father's Name		Clinton Burgess		Father's Birthplace		Annapolis		Days
	Mother's Maiden Name		Louisa Carpenter		Mother's Birthplace		Annapolis		
Name of person giving information		Louisa Carpenter		How related to deceased		Mother			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis				How long		Months
	Immediate		Exhaustion				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		No. Physician Investigated by		
	Address		Health Officer						
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190	2	Month	July	Day	8th	Age	13
Sex	Female	Color or Race	Colored	Birth-place	Annapolis	Months	10
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>Since June 28th 1902</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>F. H. Thompson</i>	
		Address	
		<i>93 Church St, Annapolis</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Harry Herman Brandell

Died at Litcher ^{Town} Anne Arundel ^{County} MARYLAND

Date 1902 ^{Month} July ^{Day} 19 ^{Y.} 0 ^{M.} 9 ^{D.} 11 ^{Native of} Ind ^{Occupation} _____

^{Male} Male ^{White} White ^{Married} Married ^{Widow} Widow ^{Divorced} Divorced

^{Female} Female ^{Colored} Colored ^{Single} Single ^{Widower} Widower ^{Number of children living} _____

Husband
of
Wife

Father's Name Edwin Brandell ^{Mother's} Louvenia Whittington

^{Maiden Name} Louvenia Whittington

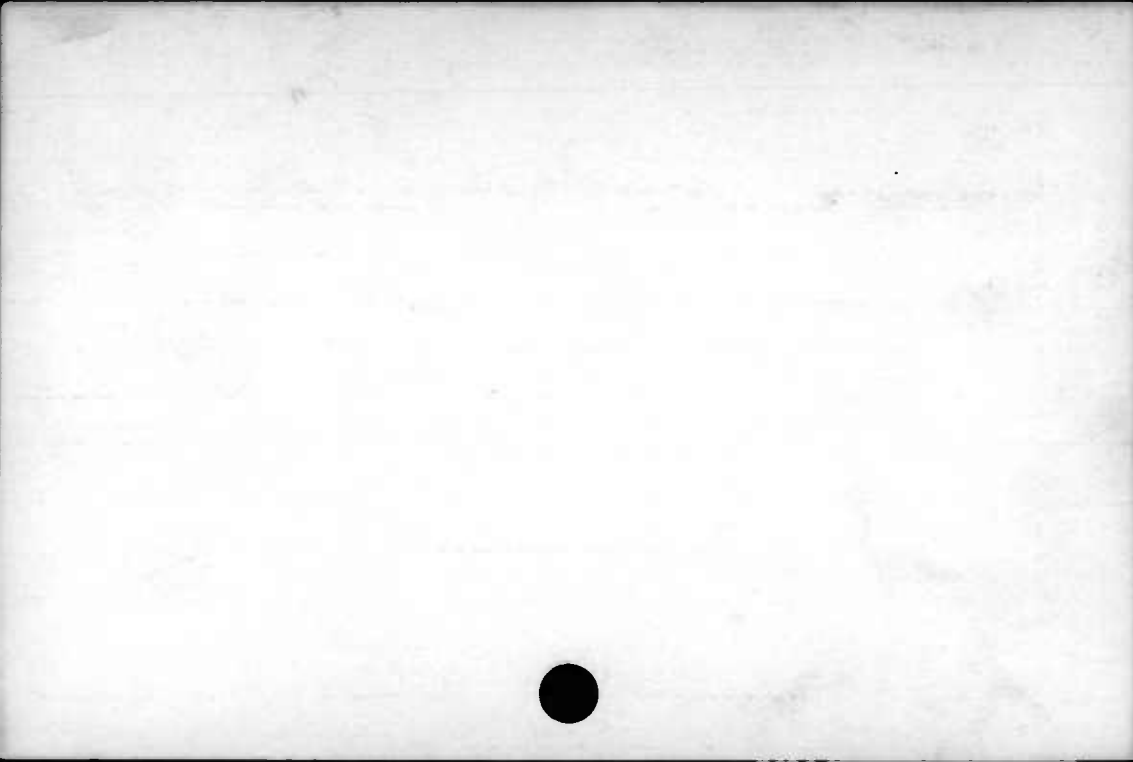
Cause of Death { ^{Primary} Enterocolitis ^{How long sick} 5 days

^{Immediate} Immediate ¹⁰⁵ 105 ^{Accident, Suicide, Homicide} Accident, Suicide, Homicide

Reported by A. H. Perrie M.D.Address McKendree Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Died at

Date 19

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Daniel Tiggs

CERTIFICATE OF DEATH

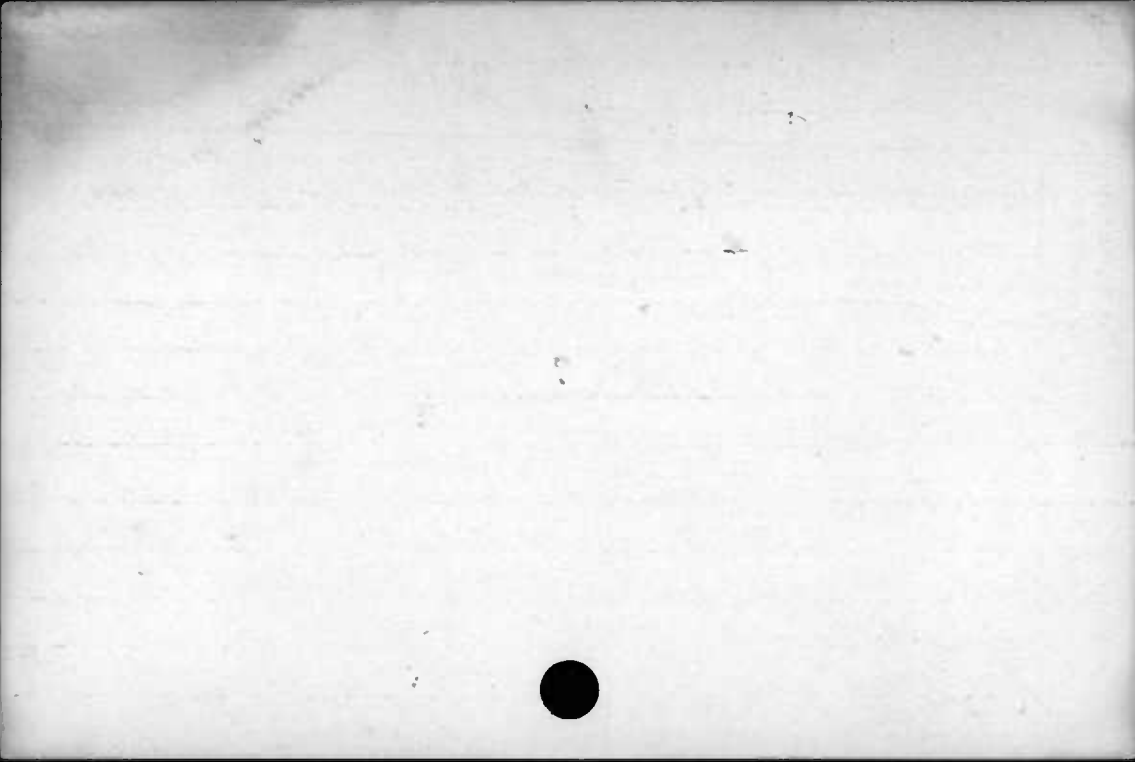
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>AA</i>		MARYLAND	
Date of death 1902		Month <i>July</i>	Day <i>18th</i>	Age <i>25</i>	Years <i>yr</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>AA county</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband							
Father's Name <i>Allen Tiggs</i>				Father's Birthplace <i>AA county</i>			
Mother's Maiden Name <i>Maria Tiggs</i>				Mother's Birthplace <i>AA county</i>			
Name of person giving information <i>James Tiggs</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>Six months</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John Ridout M.D.</i>
		Address <i>Annapolis Md</i>
<input checked="" type="checkbox"/> Accident or Suicide?		



Harriet Donaldson

Town

County

Died at

MARYLAND

Died at West River ad
 Month Day Y. M. D. Native of Occupation
 Date 1902 July 06 Age 84 - - U.S.
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Edward Donaldson 154
 Wife
 Father's Name Martin Frenwick Mother's Name Russa Shequiere
 Cause of Death Primary Marasmus How long sick 36 days
 Immediate Failure of Respiration ~~Accident, Suicide, Homicide~~
 Reported by Dr. J. Waller Rattner
 Address West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Herman Eads

CERTIFICATE OF DEATH

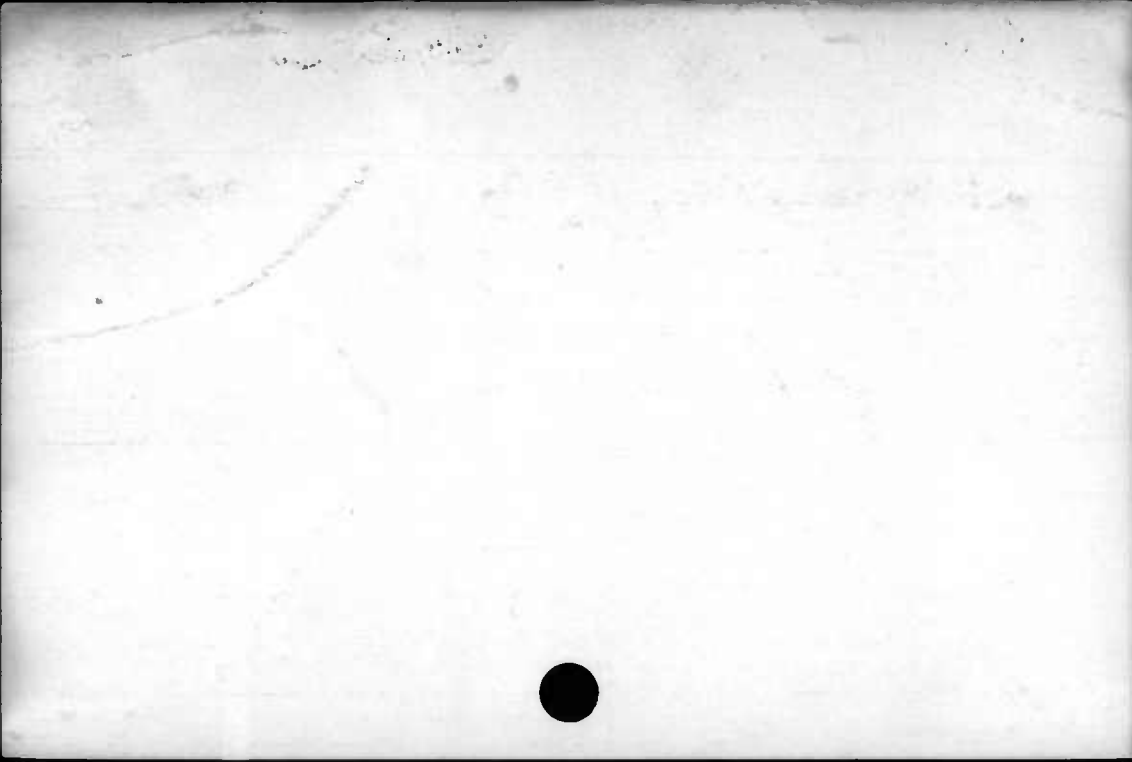
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	2	Month	July	Day	21	Years	1
Sex		Male		Color or Race		Black	
Married, Single or Widowed		-		Occupation		Birth-place	
Name of Wife or Husband		-				Jesup - Md	
Father's Name		Samuel Eads Jr		Father's Birthplace		Md	
Mother's Maiden Name		Edna Gordon		Mother's Birthplace		Md	
Name of person giving information		Samuel Eads		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	10 1/2 weeks
Immediate	Convulsions	How long	2 hrs -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. A. Hamman	
Address		Jesup - Md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Robinsons PO		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1902	5	19	18				
Sex	Male		Color or Race	Black		Birth-place	Mount Zion
Married, Single or Widowed	Single		Occupation	Laborer			
Name of Wife or Husband							
Father's Name	George H Chambers Stepfather				Father's Birthplace	West river	
Mother's Maiden Name	Ellen Green				Mother's Birthplace	Calvert Co	
Name of person giving information	George H Chambers				How related to deceased	Stepfather	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drowned	How long	172
Immediate	Asphyxia	How long	in instantaneous
Are the name, age, sex, color, date and place correctly given above?		Yes	
Reported by Thomas Boone Jr		Signature of Physician J H Dubois	
Accident or Suicide?		Address Gambrills Md	



Name In Full

Certificate of Death

Hammond Hall

Town

County

Died at *Annapolis**Anne Arundel*

MARYLAND

Date *1902 July 26*

Month

Day

Y. M. D.

Native of

Occupation

Age *35.3*

Age

*35.3**0**Annapolis**Undertaker*

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Sing~~~~Widower~~

Number of children living

24

Husband of

Mr Jessie Hall

Wife

Father's

Name

Marcelus Hall

Mother's

Maiden Name

Gudie

Cause of

Primary

Bright Disease

How long sick

22 days

Death

Immediate

Weakness & exhaustion

Accident, Suicide, Homicide

Reported by

D. M. Campbell MD

Address

10. Second St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Lilly Hammond

Town

County

Died at

West River

ad

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 28

Age

11

—

—

U.S.

—

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~~~Wife~~

Father's

Name

Jos Hammond

Mother's

Maiden Name

Isabel Johnson

Cause of

Primary

Tuberculosis

How long sick

3 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Samuel Walter Ralmer MD

Address

West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Hellen Elizabeth Harris

CERTIFICATE OF DEATH

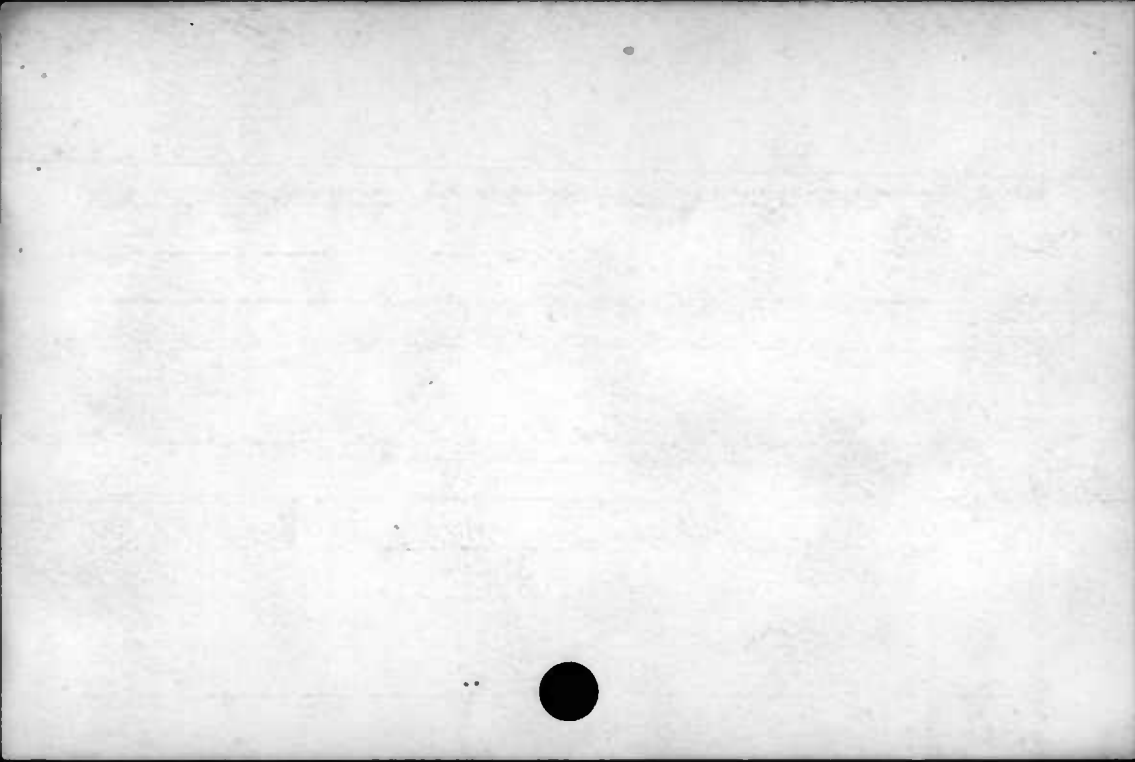
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>German Town</i> Town <i>U. A.</i> County		MARYLAND	
Date of death 190 <i>2</i> Month <i>July</i> Day <i>15th</i> Age <i>—</i> Years	Months <i>5</i>	Days <i>one</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>German Town</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>	
Name of Wife or Husband <i>—</i>			
Father's Name <i>James Harris</i>		Father's Birthplace <i>West River</i>	
Mother's Maiden Name <i>Caroline Harris</i>		Mother's Birthplace <i>West River</i>	
Name of person giving information <i>J. A. Adams</i>		How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infantile Consumption</i>	How long <i>9 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. Dr. Camble</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Marion Evelyn Hobbs

Town

County

Died at

Annapolis

A. A. Co.

MARYLAND

Date

1903

Month

Day

July 27

Y.

M.

D.

5 17

Native of

Maryland

Occupation

Infant

~~Male~~~~White~~~~Marrd~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~~~Husband~~

Father's

Name

Richd. Hobbs

Mother's

Name

Addie Hobbs

Cause of

Primary

Enterocolitis

How long sick

2 wks.

Death

Immediate

Inanition

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

J. H. Thompson M.D.

Address

8 3 Church St. Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name
in
Full

Kate Adell Holliday

CERTIFICATE OF DEATH



TO BE ANSWERED BY
NEAREST FRIEND

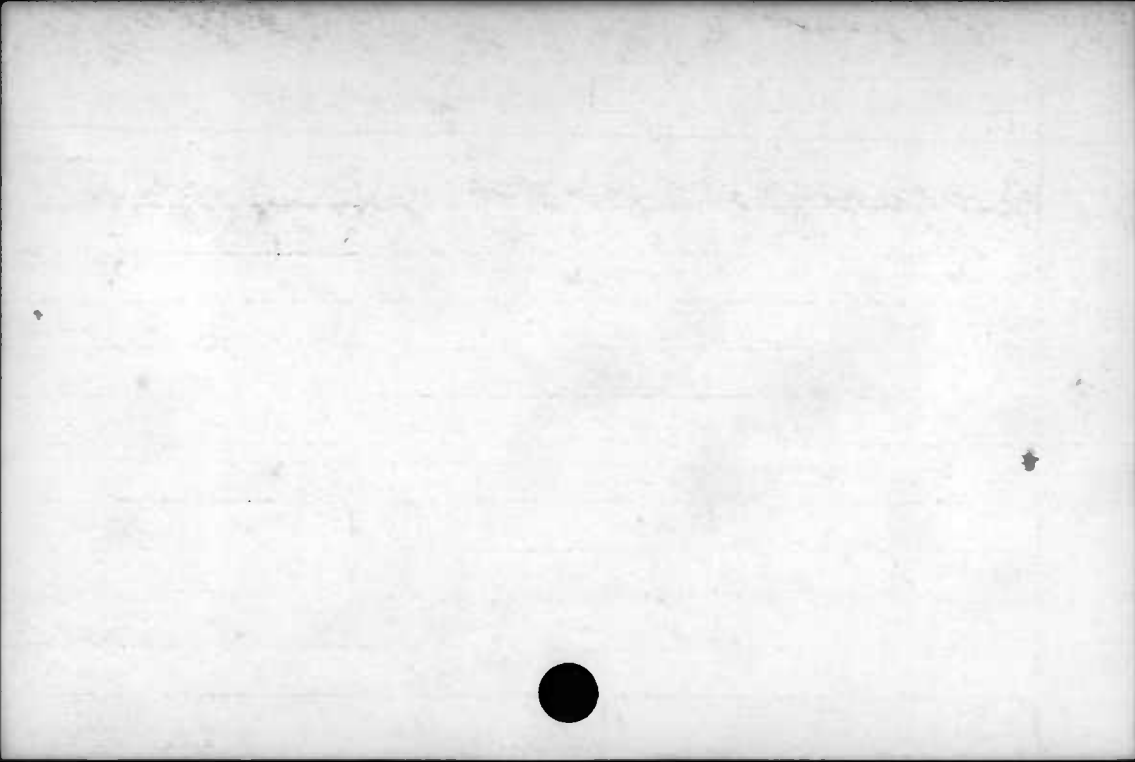
Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>10</i>	Age <i>49</i>	Months <i>2</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife.</i>			
Name of Wife or Husband <i>John W. Holliday</i>					
Father's Name <i>James Small</i>			Father's Birthplace <i>Balto Md</i>		
Mother's Maiden Name <i>Kate Adell. Raff.</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>J. W. Holliday</i>			How related to deceased <i>Aunts</i>		

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary <i>Heart Stroke</i>	How long <i>1 day</i>
Immediate <i>Cerebral Congestion</i>	How long <i>9 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. S. Welch</i>
	Address <i>Annapolis</i>
	
	
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

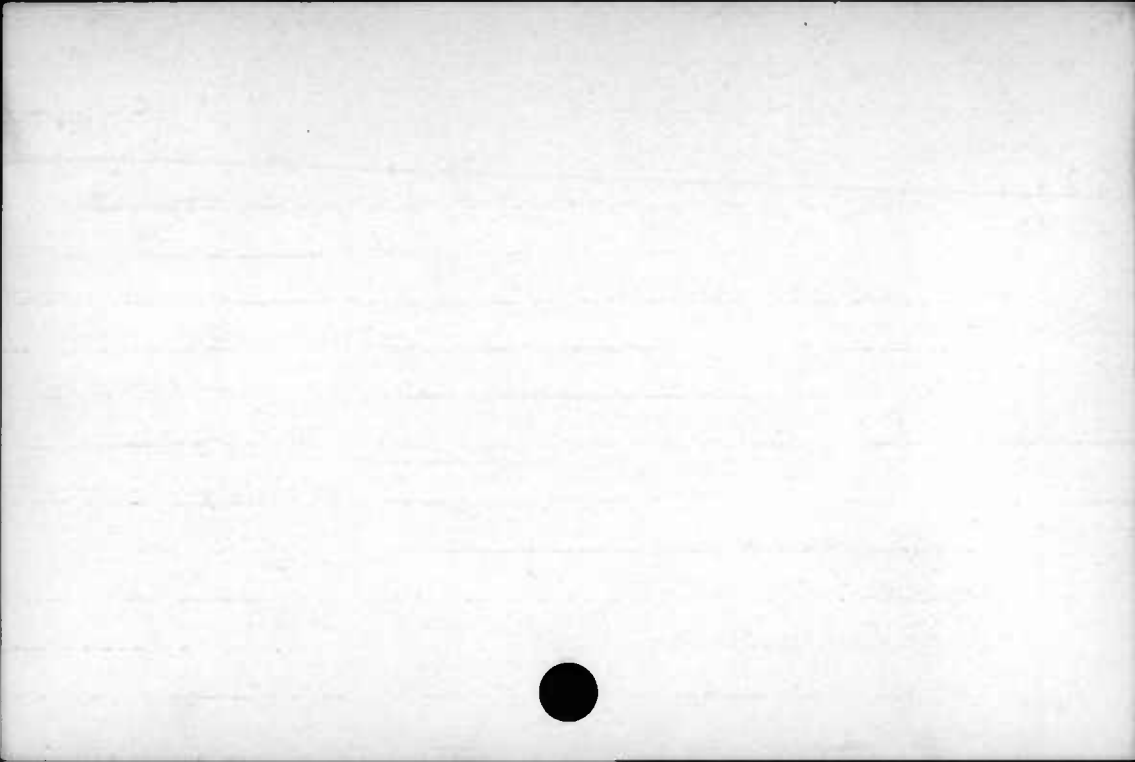
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George W Hooper</i>		Town <i>South Baltimore</i>		County <i>AA</i>		MARYLAND	
Died at <i>South Baltimore</i>		Month <i>7</i>		Day <i>30</i>		Age <i>61</i>	
Date of death 190 <i>2</i>		Month <i>7</i>		Day <i>30</i>		Age <i>61</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>N Carolina</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Stewart</i>					
Name of Wife or Husband <i>Annie E Hooper</i>							
Father's Name <i>Cass Hooper</i>		Father's Birthplace <i>N C</i>					
Mother's Maiden Name <i>Louise Hooper</i>		Mother's Birthplace <i>N C</i>					
Name of person giving information <i>T.B. Horton</i>		How related to deceased <i>none</i>					

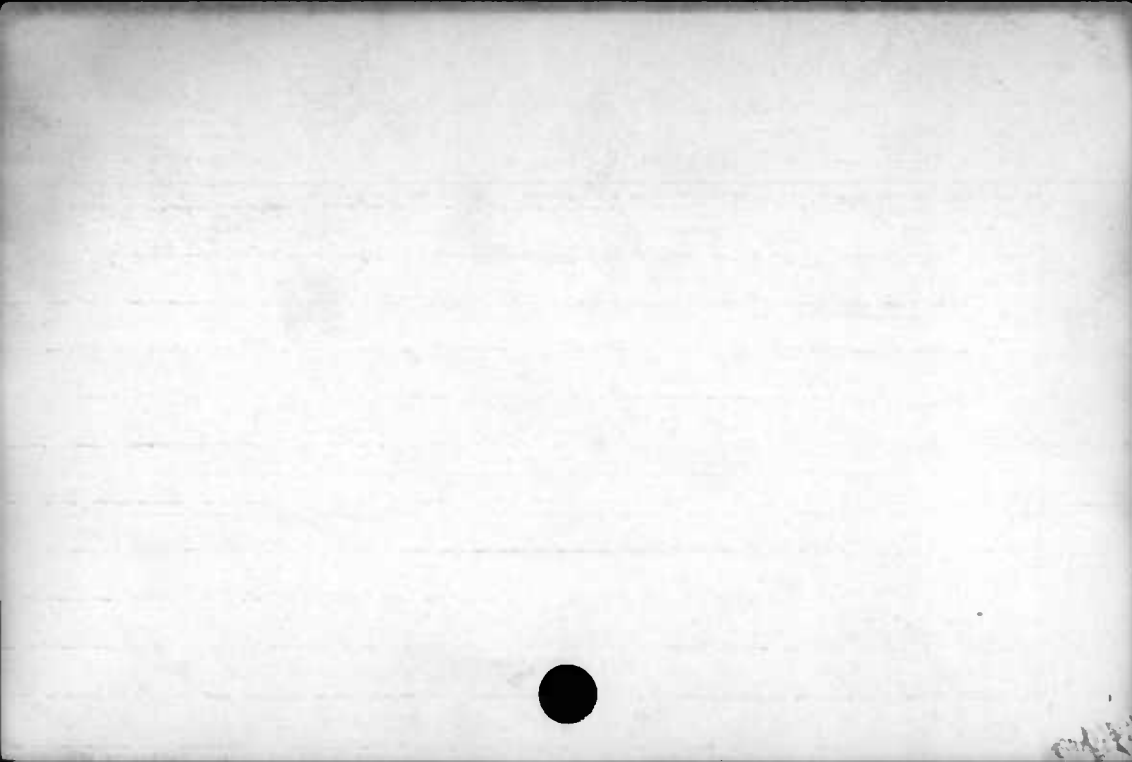
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Athoplexy</i>		How long <i>lat</i>	
Immediate <i>Heart failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Hawkes</i>	
		Address <i>Brooklyn</i>	
Accident or Suicide?		<i>MA</i>	



Name in Full		Henry Hopkins -				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Date of death 190		2	July	24	Age	Months	Days
		Sex		Male		Color or Race		Colored	
		Married, Single or Widowed				Occupation			
		Name of Wife or Husband				Birth-place		Annapolis	
		Father's Name		Thomas Hopkins		Father's Birthplace		A.A. County	
		Mother's Maiden Name		Ella Bowie		Mother's Birthplace		A.A. County	
		Name of person giving information		Ella Bowie		How related to deceased		Mother	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Tuberculosis		27		How long	
		Immediate		Exhaustion				How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John Ridout M.D.	
				Address		Annapolis		Md	
		Accident or Suicide?							



Garfield Hymson

Died at ^{Town} MD House of Correction ^{County} A.A. Co MARYLANDDate 1902 Month 7 Day 10 Age 19 - - Dec Barber
Male ~~Female~~ ~~Widow~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ Colored Single ~~Widower~~ Number of children living Husband of
Wife Father's Name Mother's Maiden Name Cause of Death { Primary Tuberculosis st How long sick Two months
Death { Immediate Exhaustion Accident Suicide HomicideReported by G.P. Carries MD
Address Jessup - MD Physician in charge of
MD House of Correction
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Carlton Jacobs

near

Town

County

Died

Portland Anne Arundel

MARYLAND

Date 1902 July 5 18 Maryland
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
of

Wife

Father's

Name

George L. Jacobs

Mother's

Name

Adelaide Jacobs

Cause of

Primary

Dentition

How long sick

Death

Immediate

Meningitis

Accident, Suicide, Homicide

Reported by

Sam H. Anderson M.D.

Address

Woodwardville A. A. Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65168



Name in Full

Certificate of Death

Rachel Jenkins

Town

County

MARYLAND

Died at

Rathian

aa

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July

26

Age

23

--

--

U.S.

Housewife

~~Male~~~~White~~

Married

L

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

L

~~Widower~~~~Number of children living~~~~Husband~~

Wife

Thos. Jenkins

Father's

Mother's

Name

Robt M. Jones

Maiden Name

Susan

Cause of

Primary

Acute Peritonitis

How long sick

7 days

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

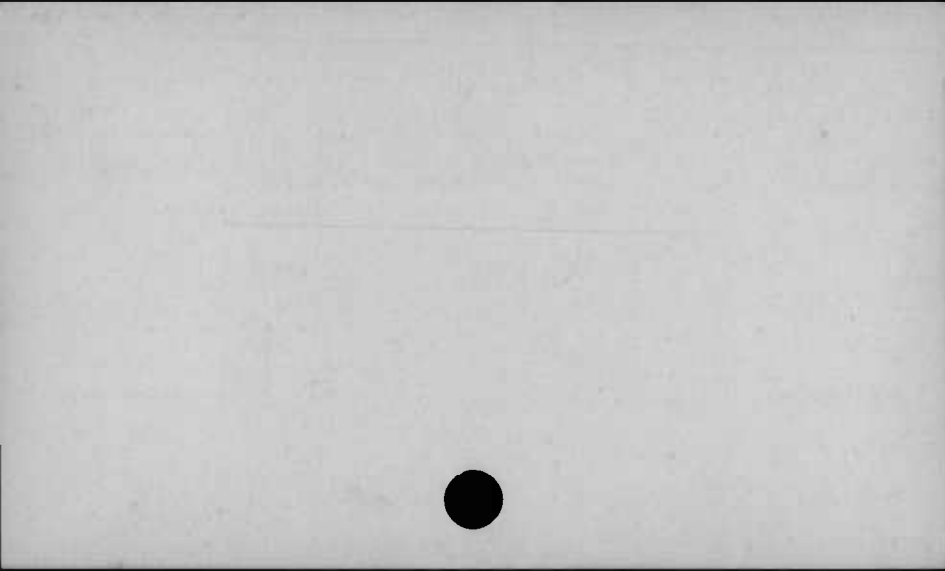
Guy W. Allen, Ruler

Address

West River and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79209



Name
in
Full

CERTIFICATE OF DEATH

James Ella Johnson

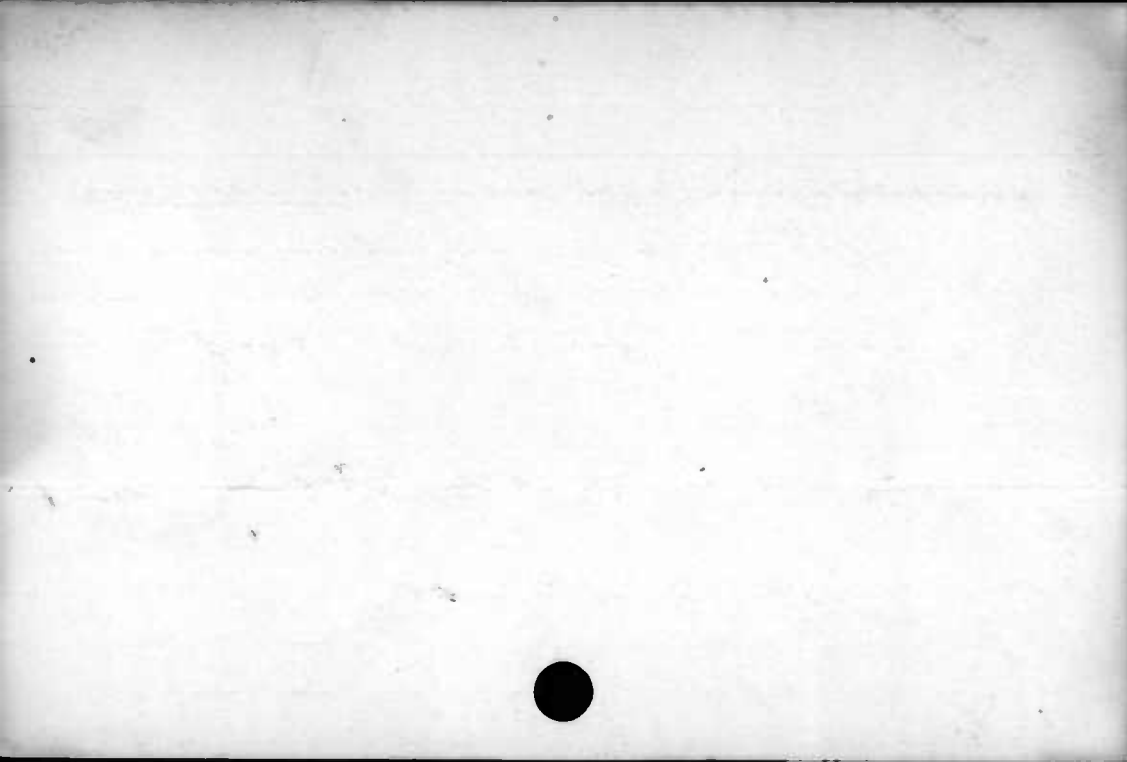
Died at *Shady Side* ^{Town} *a. a.* ^{County}

MARYLAND

Date of death 190 ² ^{Month} *7* ^{Day} *25* ^{Years} *17* ^{Months} *5* ^{Days} *—*Sex *Female* Color or Race *Colored* Birth-place *Maryland*Married, Single or Widowed *Single* Occupation *Servant*Name of Wife or Husband *—*Father's Name *Robert Johnson* Father's Birthplace *Maryland*Mother's Maiden Name *Lizzie Galloway* Mother's Birthplace *Maryland*Name of person giving information *Robert Johnson* *27* How related to deceased *Father*

CAUSES OF DEATH

Primary *Galloping Consumption* How long *6 Months*Immediate *Dyspnoea* How long *4 days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. C. B. Boyd*Address *Shady Side*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Tyler Johnson

Town

County

MARYLAND

Died at Put Vermon Patent A. A. Co

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7 13

Age 15-- --

Ma

X

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

James Johnson

47 Annie Anderson

Cause of Primary

Rheumatism

How long sick

6 months

Death Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

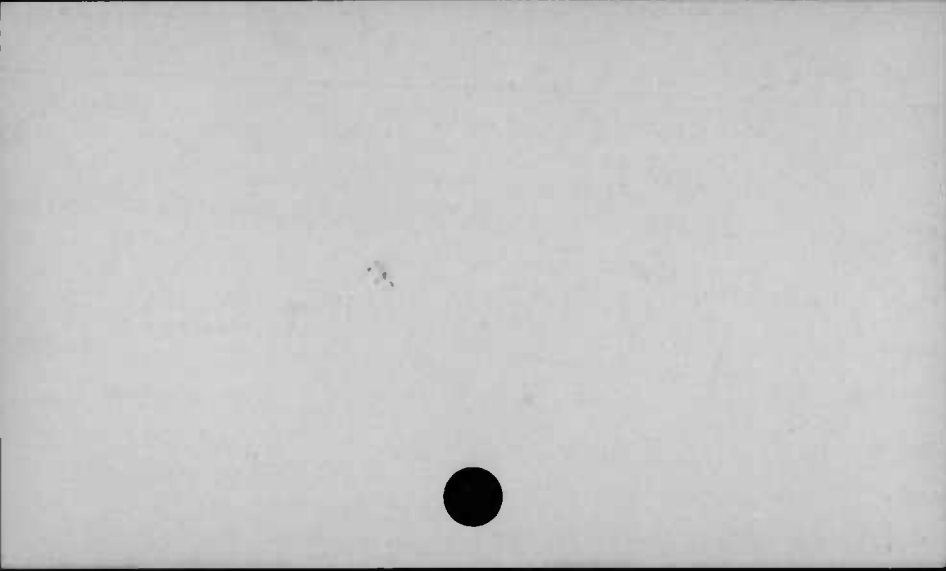
E. W. Davis M. D.

Address

Gawtrills

Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

MARYLAND

Date IS

Father's

Name _____

Cause of

Death

Reported by

Address ✓

~~Must~~ be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

How long sick
Six months

~~Accident, Suicide, Homicide~~

LIBRARY BUREAU, 79899



Name
in
Full

Rosa Ella Lamb

CERTIFICATE OF DEATH

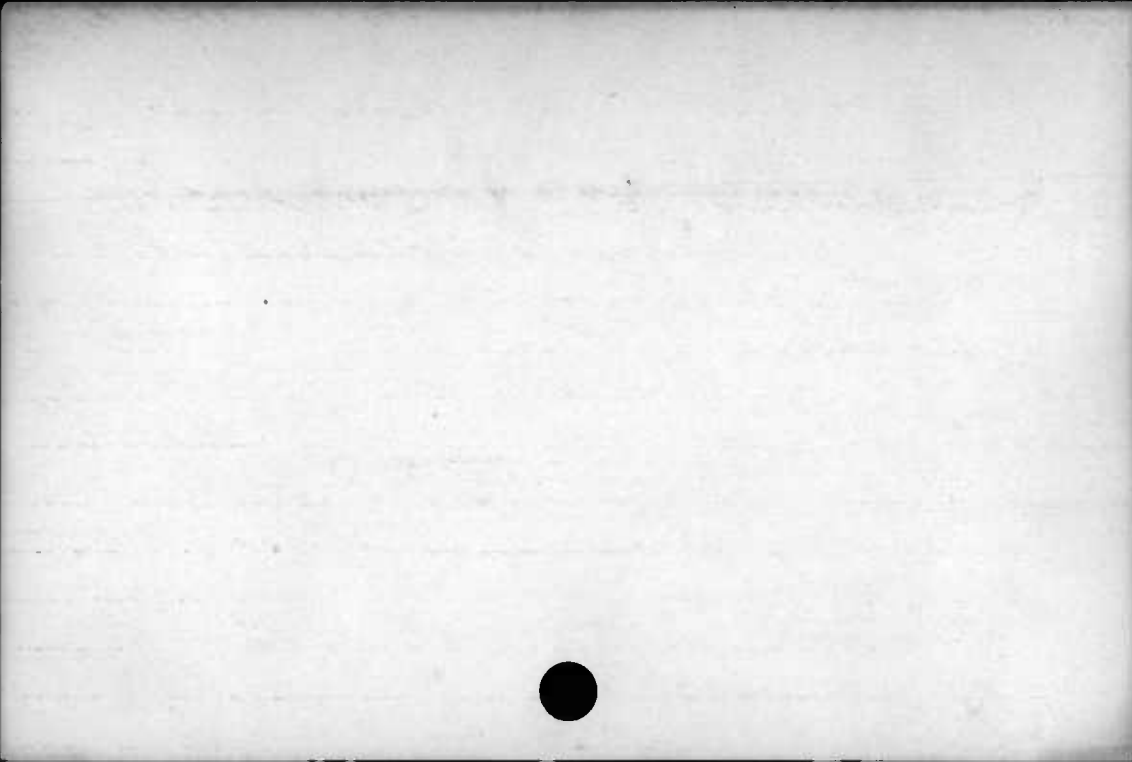
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>2 district</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	<u>July</u> ^{Month}	<u>3</u> ^{Day}	Age <u>56</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Henry Lamb</u>					
Father's Name <u>Basil McNew</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Elizabeth McBee</u>			Mother's Birthplace <u>Md</u>		
Name of person giving Information <u>Harriet Hopkins</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u> <u>27</u>	How long <u>2 years</u>
Immediate <u>Exhaustion</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo Wells</u>
<u>Annapolis</u>	Address <u>Md</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Mathie Lowman
 Died at *Crownsville* *Anne Arundel* *MARYLAND*

1902 *7-16* *4-18* *Md.*
 Date *189* Month Day Age M. D. Native of Occupation

Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* *Number of children living*

Husband of
 Wife

Father's Name *Jos. A. Lowman* Mother's Name *Caroline Meeks*

Cause of Death { Primary *Fracture* Immediate *Meningitis* *105* How long sick

Death { Primary *Fracture* Immediate *Meningitis* *105* Accident, Suicide, Homicide

Reported by *A. B. Gantt* *M. A.*

Address *Crownsville* *Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Information contained in this certificate received from _____

of _____

John Henry McCelland

Town *Patuxent* County *Anne Arundel* MARYLAND

Died at *Patuxent*

Date 19*02* Month *7* Day *10* Y. *48* M. *-* D. *-* Native of *Maryland* Occupation *Farmer*

Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Divorced~~ Number of children living *3*

Husband of *Celia Simson*

Wife *Celia Simson*

Father's Name *Not known* Mother's Name *Not known*

Cause of Death { Primary *Consumption* Immediate *Exhaustion* } How long sick *3 years* Accident, Suicide, Homicide

Reported by *J. M. Du Bois*

Address *Gambrells Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Jacob Mc Gowane

CERTIFICATE OF DEATH

Died at ^{Town} Annapolis ^{County} AA

MARYLAND

Date of death 1902 July 30th Age 82

Sex Male Color or Race colored Birth-place Md.

Married ~~Single~~ or Widowed Widower Occupation Labour

Name of Wife or Husband Kate Mc Gowane

Father's Name Unknown Father's Birthplace Md

Mother's Maiden Name Unknown Mother's Birthplace Md

Name of person giving information John Gb. Mc Gowane How related to deceased Son

CAUSES OF DEATH

Primary Typhoid 106 How long Six days

Immediate Asthenia How long Six days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician D. N. E. Campbell

Address Annapolis Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

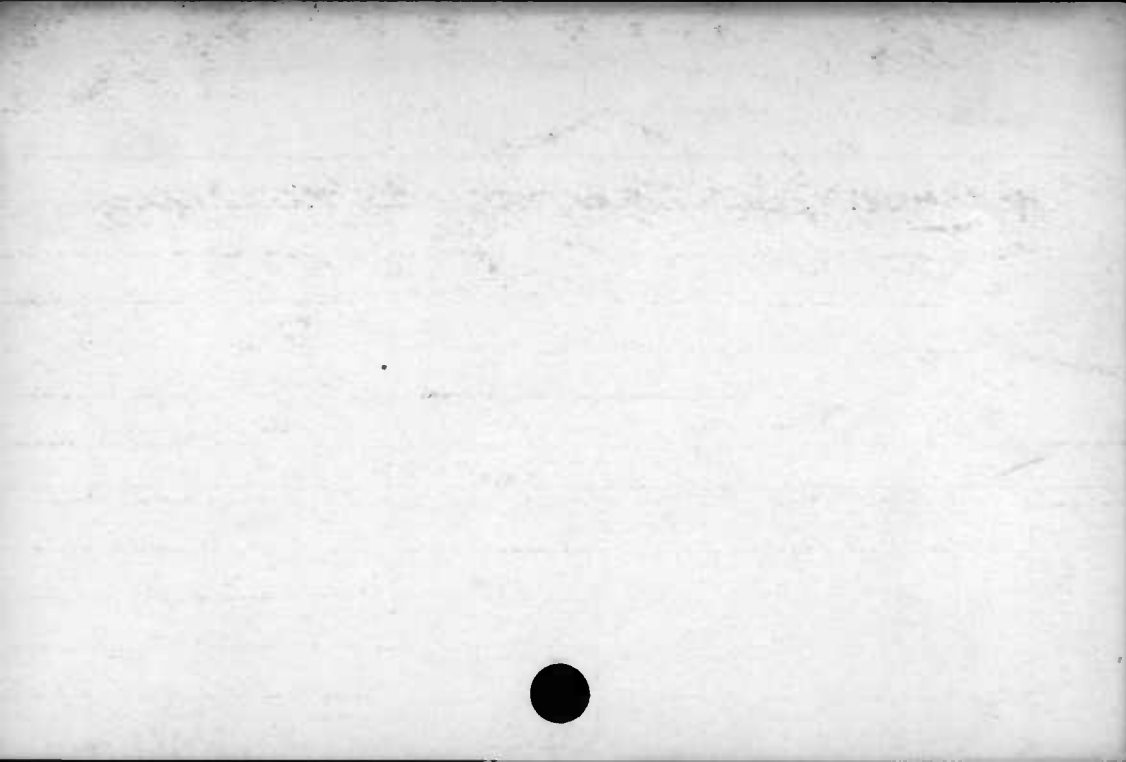
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death 1902		Month <i>July</i>		Day <i>4th</i>		Age <i>90</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co Md</i>		Months		Days	
Married, Single Widowed				Occupation					
Name of Wife or Husband <i>Matthew Mockabee</i>									
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information <i>Mary Miller</i>						How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Decay</i>		How long	
Immediate <i>Adynamia</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm S Welch</i>	
		Address <i>Annapolis</i>	
Accident or Suicide?			



Name in Full *Mallonee*

CERTIFICATE OF DEATH

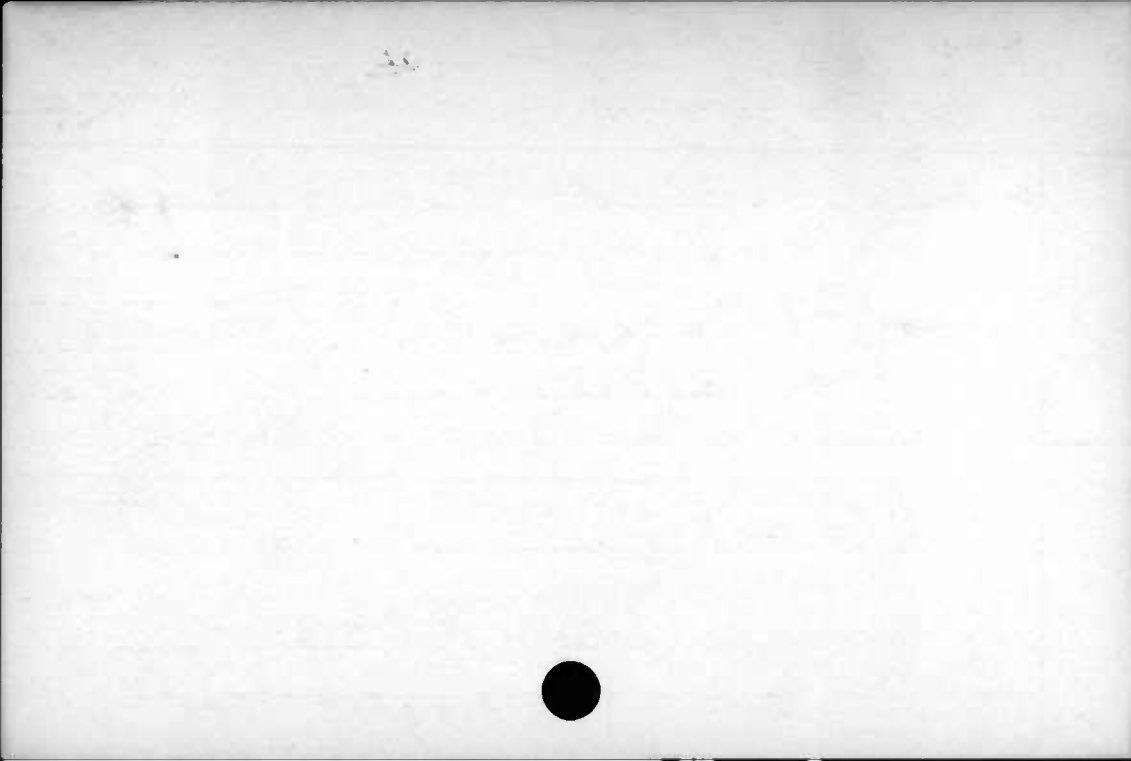
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Curtis Bay</i>		County <i>aa</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>5</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>m d</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Oden J. Mallonee</i>			Father's Birthplace <i>m d</i>		
Mother's Maiden Name <i>Mamie Hickey</i>			Mother's Birthplace <i>m d</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>y</i>	Signature of Physician <i>Mrs. Hickey</i>
	Address <i>Brooklyn</i>
Accident or Suicide? <i>—</i>	



James Leon Inothers
 Town County

Died at Harmons Anne Arundel Co MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 19 02 July 20 Age 1.1. Maryland none
 Male Female White Colored Married Single Widow Widower Divorced Number of children living

Husband
 of

Wife

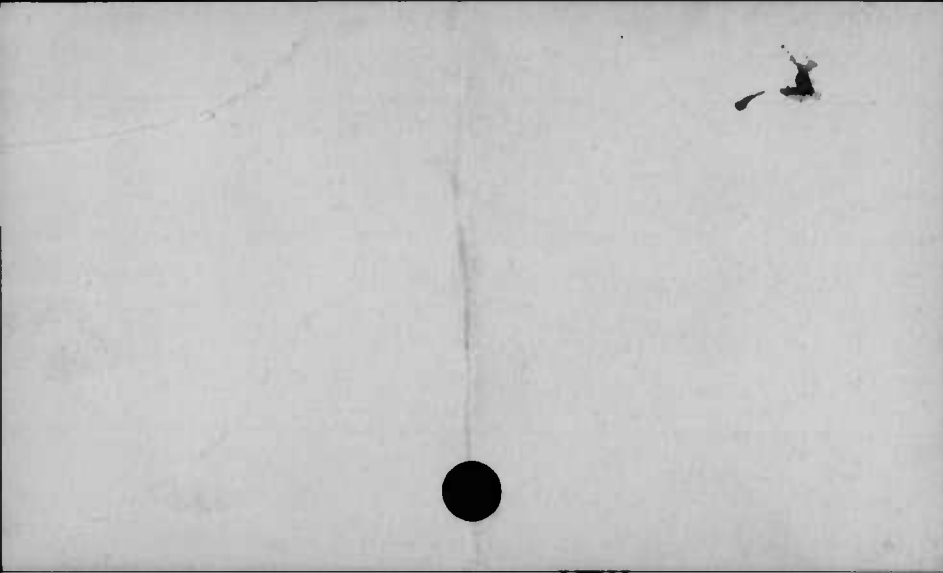
Father's Name Chas Inothers Mother's Maiden Name Eliza Chase

Cause of Death { Primary Enteric Colitis Immediate Convulsions 105
 How long sick 6 weeks
Accident, Suicide, Homicide

Reported by Arthur Williams

Address 8 Elk Ridge Home and Co Inc

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Matthew

CERTIFICATE OF DEATH

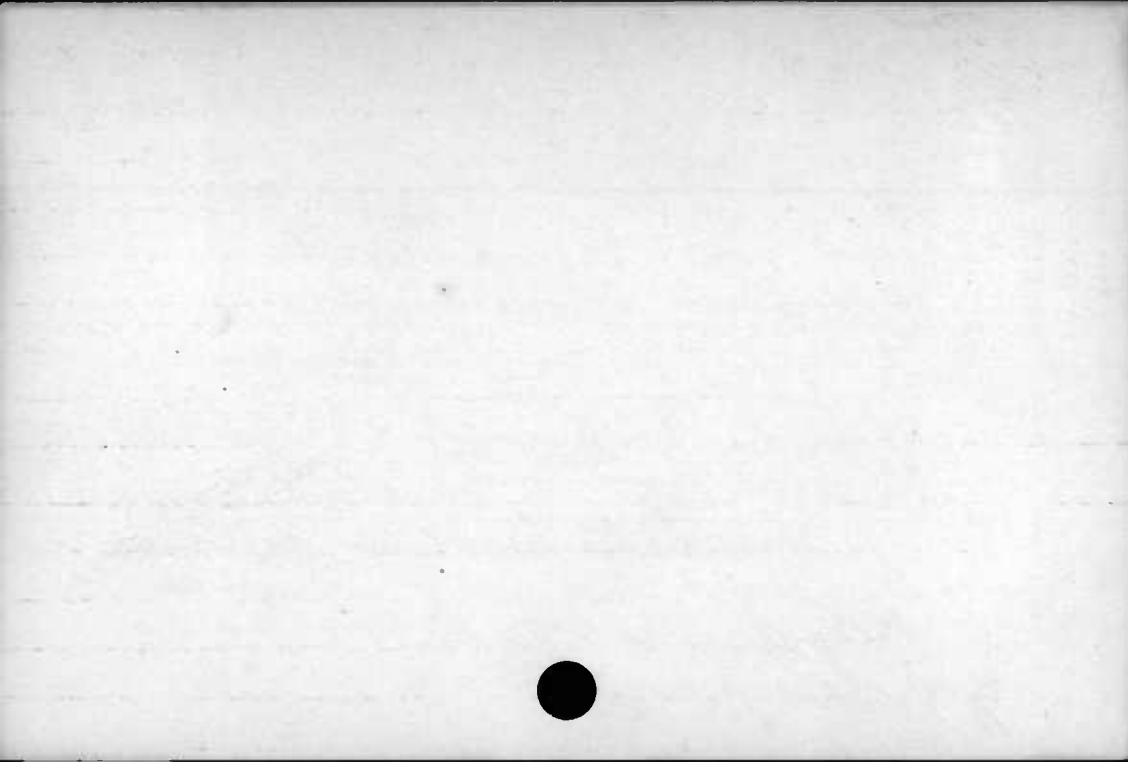
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		County <i>AA</i>		MARYLAND	
Date of death 190 <i>2</i> ^{Month} <i>July</i> ^{Day} <i>11th/₂</i>	Age		Years	Months <i>6</i>	Days
Sex <i>Female</i>	Color or Race <i>col</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Robert Queen</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Kate Matthew</i> <i>27</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Kate Matthew</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>No Physician</i>
	Address <i>investigated by Health Officer</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Mary Magdalen Meade

Died at ^{Town} Millersville ^{County} Anne Arundel MARYLANDDate 189 ¹⁹⁰² 7-7 Y. M. D. 29-8- Native of Md Occupation HousewifeMale White Married Widow ~~Divorced~~
Female Colored Single Widower Number of children living 1

Husband of Charles E. Meade

Wife Father's Name Henry Doss Mother's Name Caroline Bader

Cause of Death Primary Arteriosclerosis six mos.

Death Immediate Heart Failure Accident, Suicide, Homicide

Reported by H. B. Gantt M. A. 50

Address Millersville


Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78808

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____



Name
in
Full

Kate Miller

CERTIFICATE OF DEATH

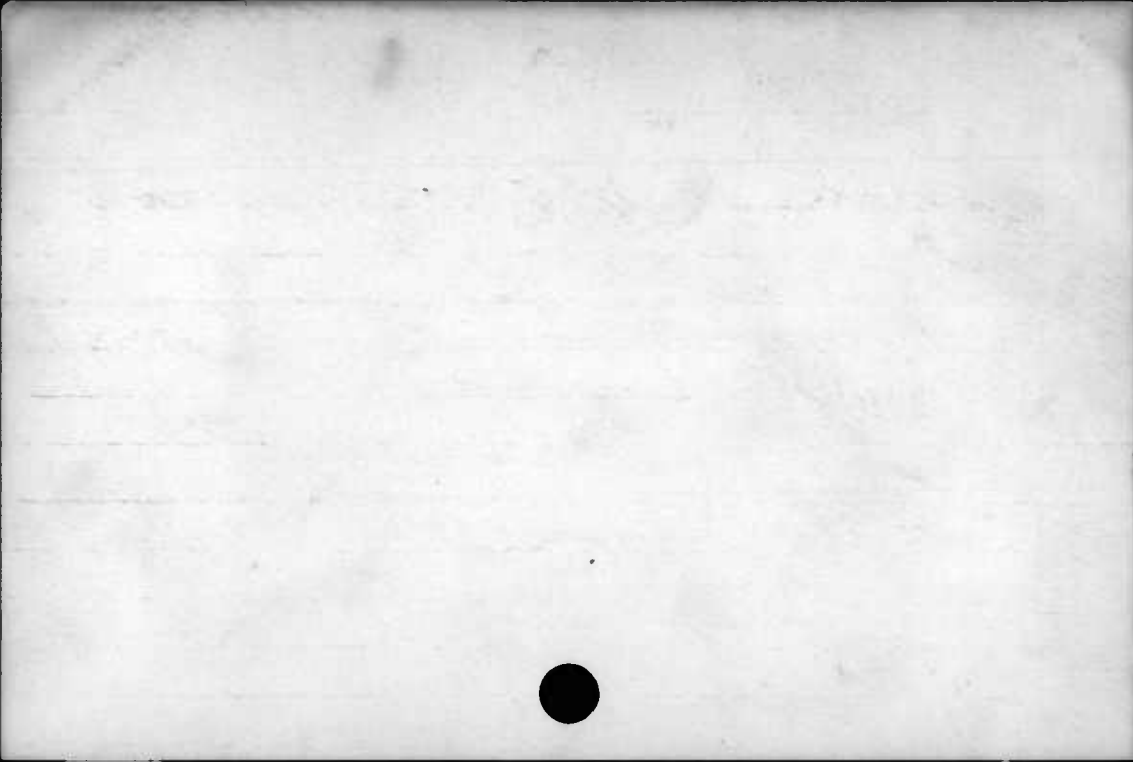
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Annapolis		Anne Arundel					
Date of death 190 2	Month	Day	Age	Years	Months	Days	
July 17					11		
Sex	Color or Race		Birth-place				
Female	White		Annapolis				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Harry B. Miller				Annapolis			
Mother's Maiden Name				Mother's Birthplace			
Katie A. Miller OS				Annapolis			
Name of person giving information				How related to deceased			
Harry Miller				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Died of Condensed milk	How long	all life
Immediate	Cholera Infantum	How long	one month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		B. B. Hephurn M.D.	
		Address	
		Annapolis, Ind.	
Accident or Suicide?			



Name
in
Full

Kate Louise Moors.

CERTIFICATE OF DEATH

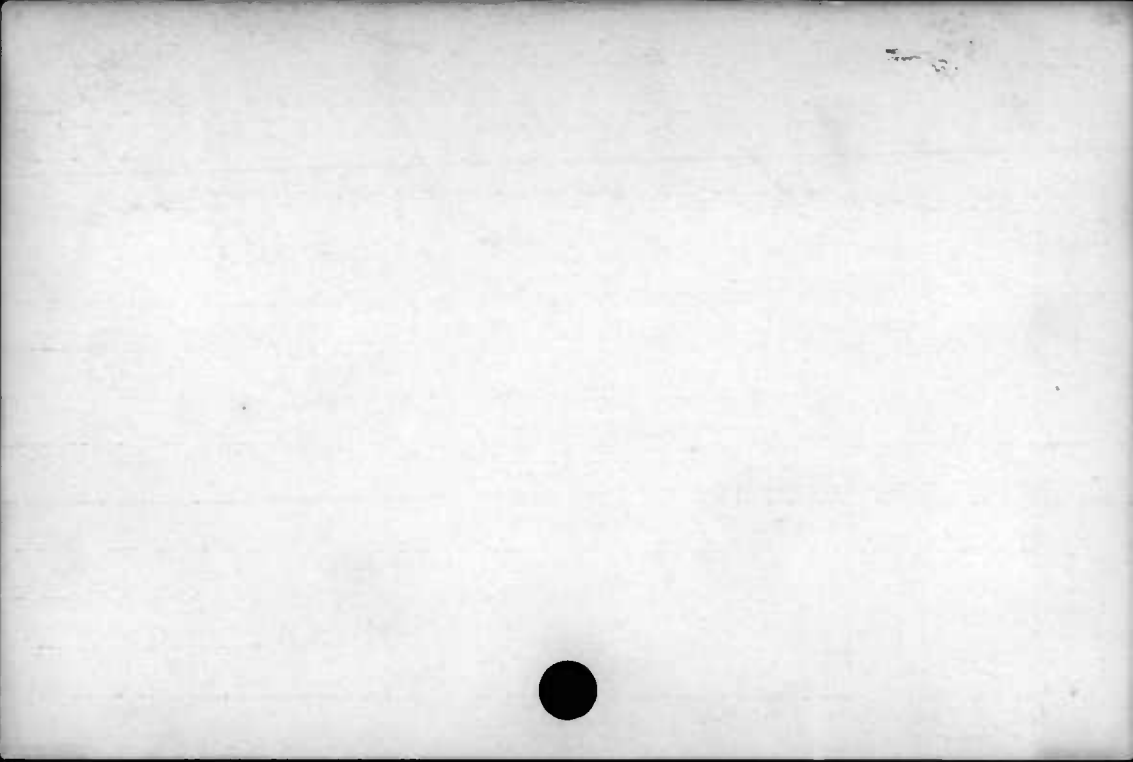
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>2</i>	Years <i>51</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Con</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Wm. Marion Moors.</i>					
Father's Name <i>John T. Goff</i>			Father's Birthplace <i>Portland Conn.</i>		
Mother's Maiden Name <i>Kate Waite</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Jessie Moors.</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long <i>64</i>
Immediate	<i>I think</i>	How long <i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>so</i>	Signature of Physician <i>H. Clement Caudy M.D.</i>	Address <i>551 John St., Annapolis, Md.</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

Dora E Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Helen Bunn</i>		Town <i>aa</i>		County <i>aa</i>		MARYLAND	
Date of death 190	Month <i>July</i>	Day <i>18</i>	Age	Years	Months <i>7</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>aa er</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband <i>Abraham Myers</i> <i>105</i>							
Father's Name			Father's Birthplace <i>aa er</i>				
Mother's Maiden Name <i>Mary Hurnell</i>			Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>A Myers</i>			How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantis</i>	How long <i>2 days</i>
Immediate	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. B. G. Chan MD</i>
<i>7c</i>	Address <i>Helen Bunn</i>
Accident or Suicide?	

Send this
To (Dr Coz and
State Health Board

hup this will
called for

Name In Full

Robert Alexander Nick

Died at ^{Town} Shady Side ^{County} D.A. MARYLAND

Date 1902 ^{Month} 7 ^{Day} 6 Age ^{M.} 8 ^{D.} - Native of Md Occupation None
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of _____
 Wife

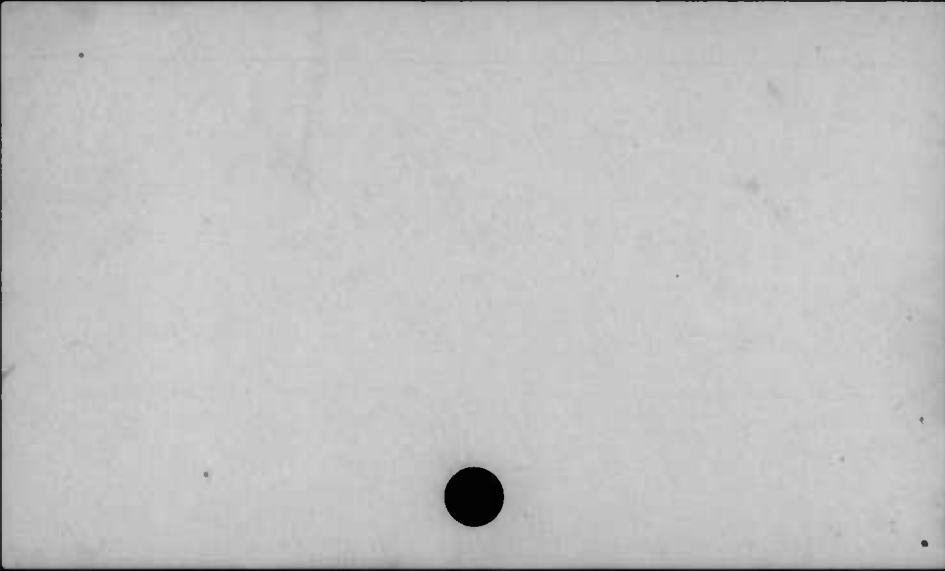
Father's Name Alexander Nick Mother's Maiden Name Othridge Davis

Cause of Primary Marasmus How long sick Since born
 Death Immediate Exhaustion 105 Accident, Suicide, Homicide

Reported by Dr. C. B. Boyd

Address Shady Side Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

No Name

CERTIFICATE OF DEATH

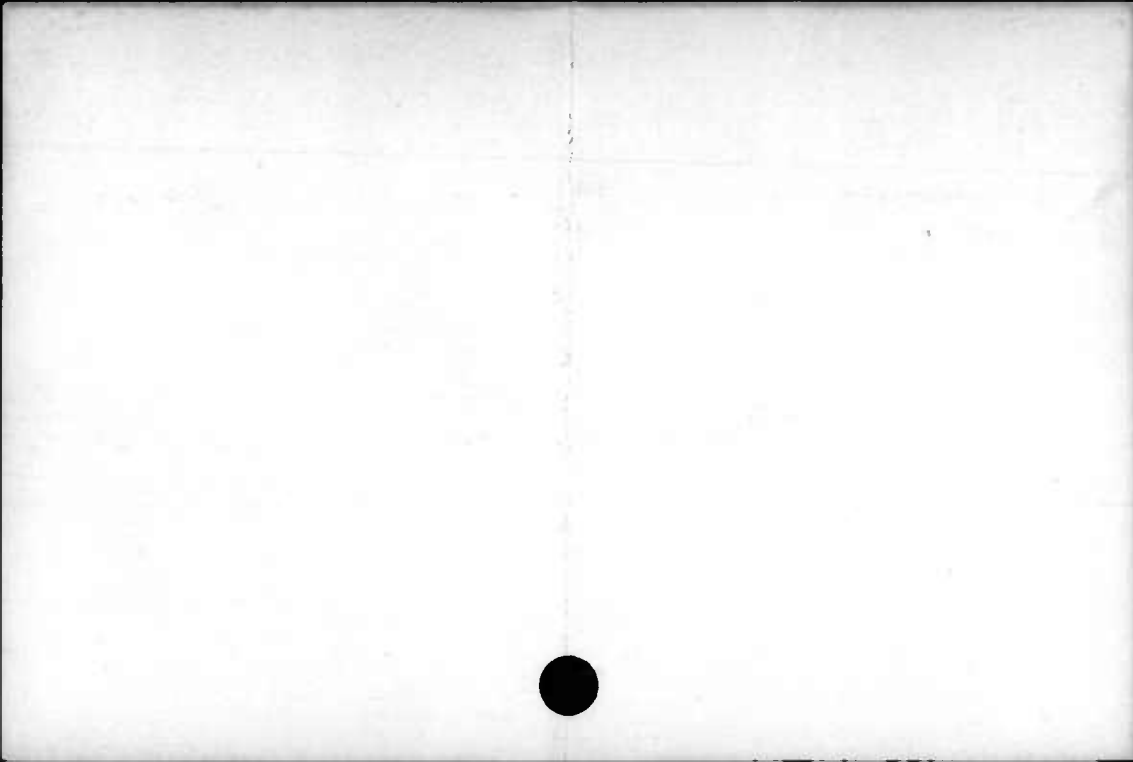
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wellhams</i> Town		<i>Anne Aundel</i> County		MARYLAND	
Date of death 190	<i>2</i> Month	<i>July</i> Day	<i>30</i> Age	<i>2</i> Years	<i>hours</i> Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wellhams</i>		
Married, Single or Widowed <i>X</i>			Occupation <i>X</i>		
Name of wife or Husband <i>X</i>					
Father's Name <i>Henry Norn</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Un Known</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Henry Norn</i>			How related to deceased <i>Teacher</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>X</i>
Immediate <i>X</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C R Winterison</i>
	Address <i>Elkridge Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Dorothy Eleanor Proutt

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July

15

Age - 0

9-0

Ind

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Glenn Proutt

Mother's

Maiden Name

Mary Heston

Cause of

Primary

Enterocolitis

How long sick

6 days

Death

Immediate

105

Accident, Suicide, Homicide

Reported by

A. H. Perrie

M.D.

Address

McKendree

M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

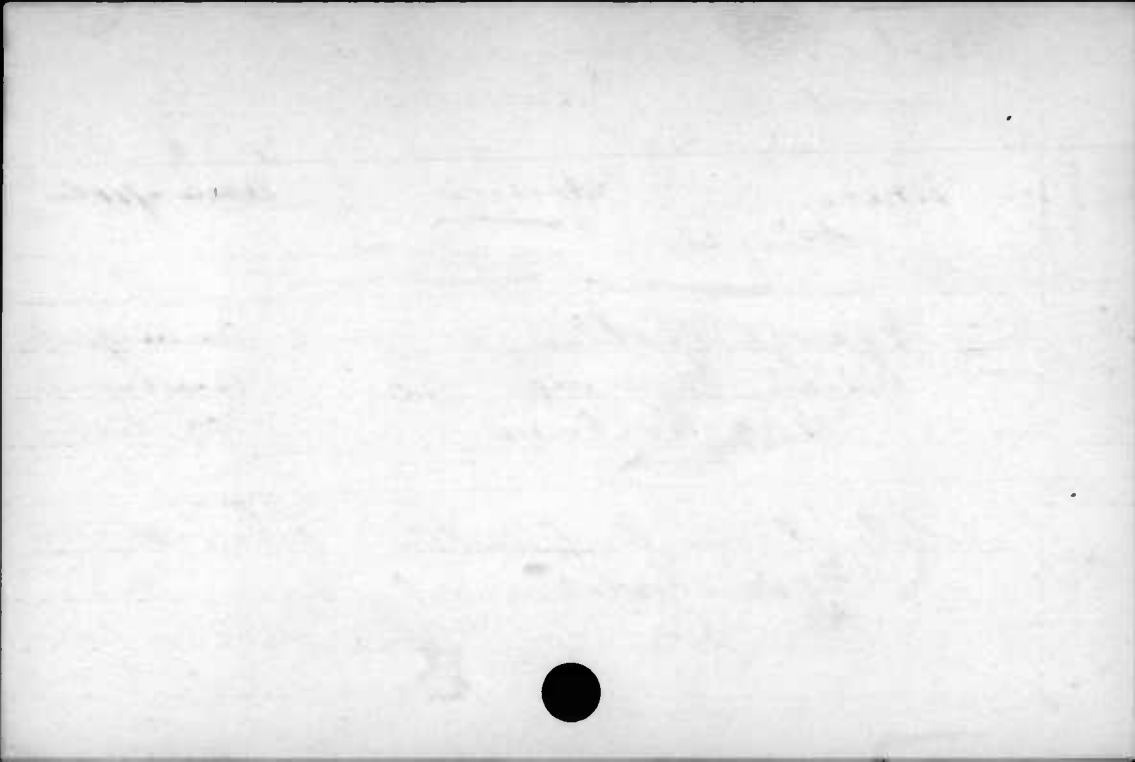
Boglar Riga

Died at <u>So. Balto</u> <small>Town</small>		<u>Anne Arndel</u> <small>County</small>		MARYLAND	
Date of death 190 <u>2</u> <small>Month</small>	<u>July</u> <small>Day</small>	<u>20</u> <small>Age</small>	<u>1</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u>-</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Bohemia</u>			
Married, Single or Widowed <u>-</u>		Occupation <u>-</u>			
Name of Wife or Husband <u>-</u>					
Father's Name <u>Carl Riga</u>			Father's Birthplace <u>Bohemia</u>		
Mother's Maiden Name <u>Mary Gauska</u>			Mother's Birthplace <u>Bohemia</u>		
Name of person giving information <u>Carl Riga</u>			How related to deceased <u>105 Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long <u>to see it</u>	<u>Was called</u>
Immediate	<u>Yes</u>	How long <u>18 hours</u>	<u>before death</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. B. Horton MD</u>	
		Address <u>So. Balto. Ind</u>	



Name
in
Full

Roland Curry Rollins

CERTIFICATE OF DEATH

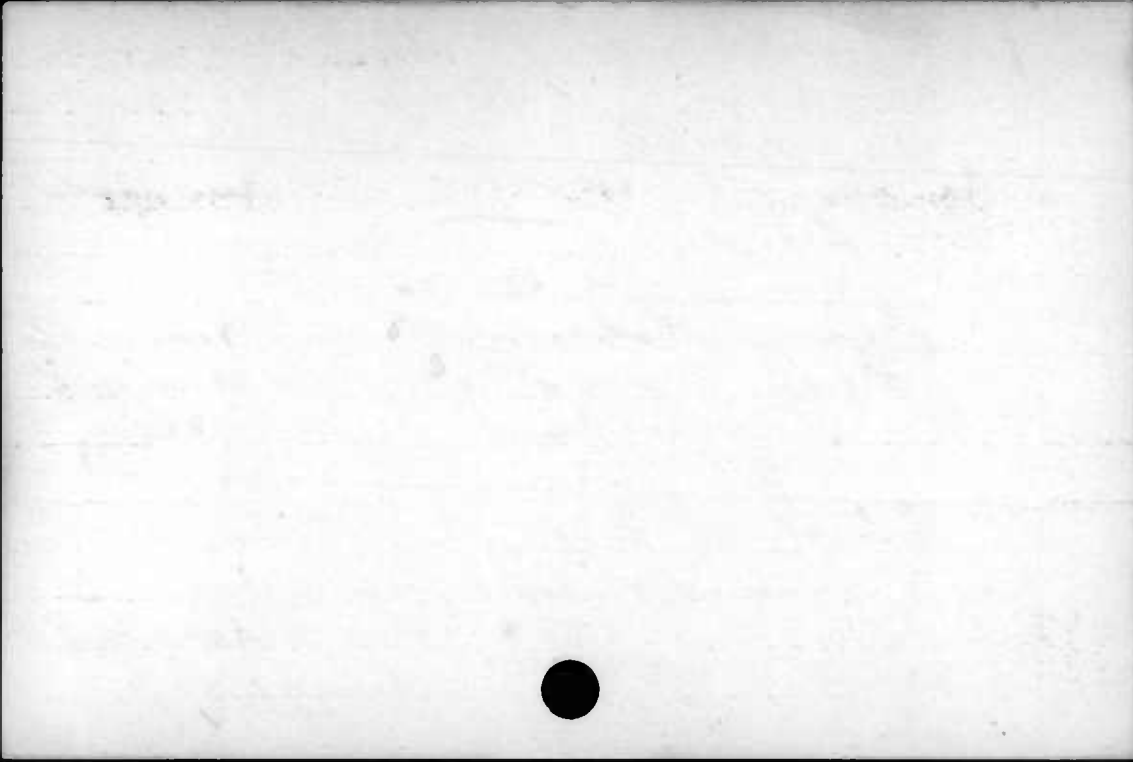
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>19th</i>	Years <i>—</i>	Months <i>7</i>	Days <i>15</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>Single</i>		<i>Occupation</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>George Rollins</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Edith Curry</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Geo Rollins</i>			How related to deceased <i>105 Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infusion</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>	How long <i>.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Geo Wells M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Thomas Sarah

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>AA</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i> ^{Month}	<i>July</i> ^{Day}	<i>10th</i> ^{Years}	Age <i>72</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>bol</i>	Birth-place <i>AA county</i>			
Married, Single or Widowed		Occupation <i>Laborer</i>			
Name of Wife or Husband					
Father's Name <i>Unknown</i>		<i>81</i>		Father's Birthplace <i>AA county</i>	
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>AA county</i>	
Name of person giving information <i>Daniel Bruce</i>		How related to deceased <i>Friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>Ten days</i>
Immediate <i>Paralysis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Ridout, M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Geo Carl Seaverson

Town

County

Died at

Brockton A. A.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 8

Age

2

Mar

Seafarer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Thos W Seaverson

Emma Seaverson

Cause of

Primary

Cholera

10 days

How long sick

1 week

Death

Immediate

Causation

Accident, Suicide, Homicide

Reported by

John Seaverson

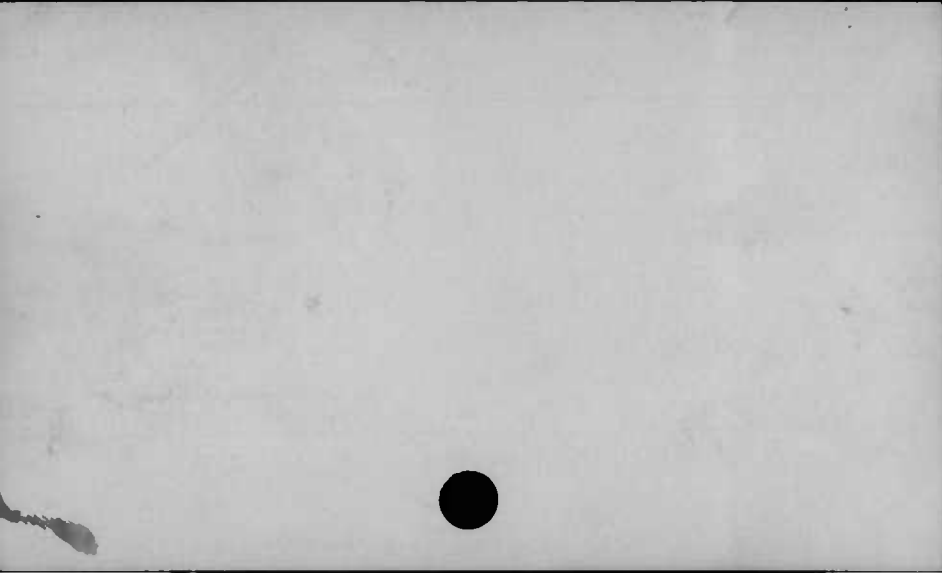
Mar

Address

Brockton

Mass.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Edna Shaw				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND					
		Annapolis		A		A							
		Date of death 190	2	Month	July	Day	1st	Age	Years	Months	Days		
		Sex		Female		Color or Race		bol		Birth-place		Annapolis	
		Married, Single or Widowed				Occupation							
		Name of Wife or Husband											
Father's Name		William Shaw 105				Father's Birthplace		Annapolis					
Mother's Maiden Name		Susan Smothers				Mother's Birthplace		Annapolis					
Name of person giving information		Susan Shaw				How related to deceased		Mother					

CAUSES OF DEATH			
Primary		Entero-bolitic	
How long		one month	
Immediate		Inanition & Exhaustion	
How long		One week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Ger		John Ridout M.D.	
		Address	
		Annapolis Md	
Accident or Suicide?			

PHYSICIAN OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

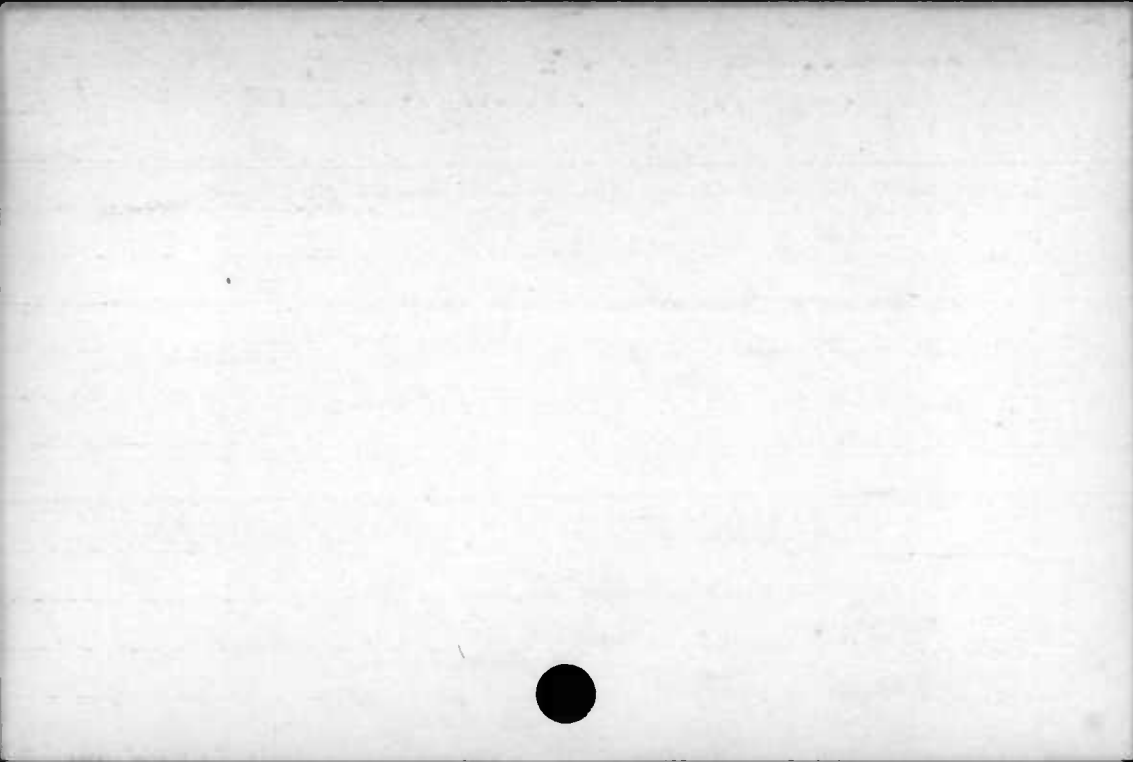
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Ad</i>		County		MARYLAND	
Date of death 190	2	Month	July	Day	27 th	Age	Years
Sex	<i>Female</i>		Color or Race	<i>colored</i>		Birth-place	<i>Annapolis</i>
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
<i>McLean Simms</i>				<i>Annapolis</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Georgeanna Howard</i>				<i>Annapolis</i>			
Name of person giving information				How related to deceased			
<i>Georgeanna Howard</i>				<i>Mother</i>			

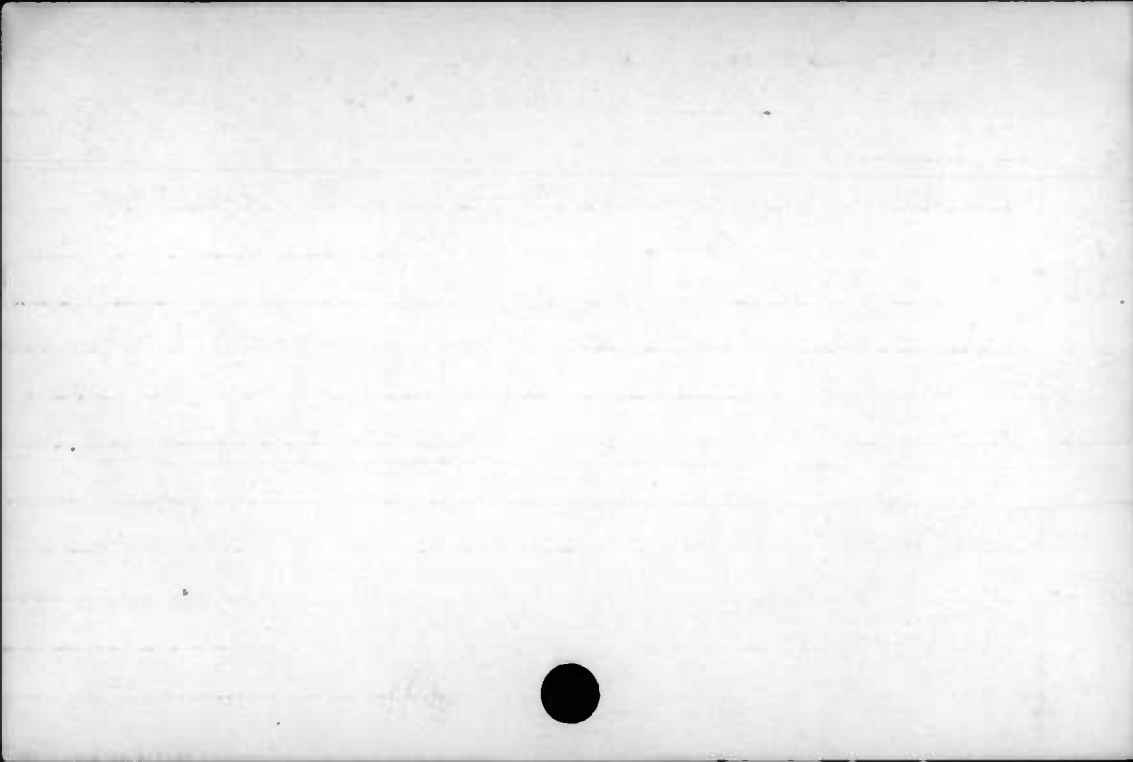
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>10</i>	How long	<i>Ten days</i>
Immediate	<i>Asthma</i>	How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
<i>yes</i>		<i>John Ridout, M.D.</i>			
		Address			
		<i>Annapolis</i>			
		<i>Md.</i>			
Accident or Suicide?					



Name in Full Arthur L. Smith		CERTIFICATE OF DEATH	
Died at East Port ^{Town} 3 ^{County} Anne Arundel		MARYLAND	
Date of death 190 2	Month July	Day 27th	Years 3 Months 3 Days 8
Sex Male	Color or Race White	Birth-place East Port	
Married, Single or Widowed Single	Occupation —		
Name of Wife or Husband —			
Father's Name Thomas Smith		Father's Birthplace Leitrim	
Mother's Maiden Name Anne Pearson		Mother's Birthplace Mich	
Name of person giving information Thomas Smith		How related to deceased Father	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Cholera Infantum	How long 10	24 hours
	Immediate Meningitis	How long 12	"
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Wm. S. Welch	
	Address Annapolis		
Accident or Suicide? —			



Name in Full

Certificate of Death

Name in Full *John Smith*

Died at *House of Correction* *A. A. Co* *MARYLAND*

Town County

Date 1890 *2* Month *7* Day *10* Age *20* Y. M. D. Native of *MD* Occupation *Laborer*

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Name

Cause of { Primary

Death { Immediate

Nephritis

Cardiac dilatation

120

How long sick *3 Months*

Accident, Suicide, Homicide

Reported by

Address

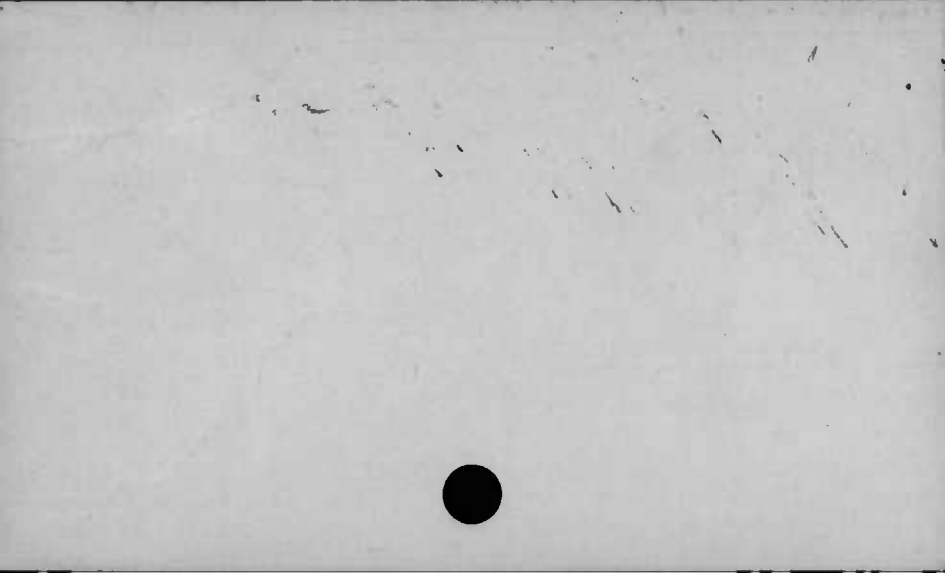
C. I. Carrico MD

Jessup - MD

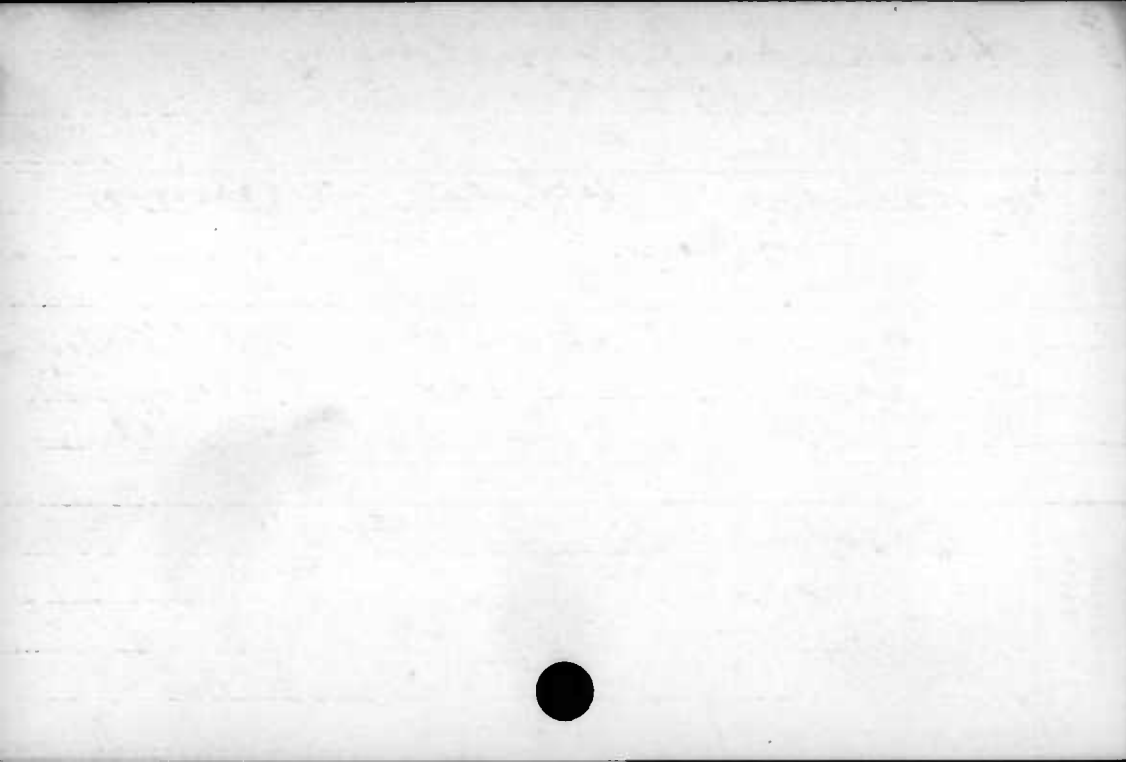
Physician in charge of

House of Correction

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Luranda Estelle Smith		CERTIFICATE OF DEATH			
Died at Annapolis <small>Town</small>		Anne Arundel <small>County</small>		MARYLAND	
Date of death 190 2 <small>Month</small> July <small>Day</small> 4th <small>Years</small> —		3 <small>Months</small>		14 <small>Days</small>	
Sex Female		Color or Race White		Birth-place Annapolis	
Married, Single or Widowed Single		Occupation —			
Name of Wife or Husband —					
Father's Name Charles W Smith			Father's Birthplace Annapolis		
Mother's Maiden Name Isabella Burgess			Mother's Birthplace Delaware		
Name of person giving information Charles W Smith			How related to deceased Father		
CAUSES OF DEATH					
Primary Cholera Infusion			How long 4 days		
Immediate Exhaustion			How long 105		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Geo Wells M.D.		
			Address Annapolis Md		
Accident or Suicide?					



Name
in
Full

Maggie Smith

CERTIFICATE OF DEATH

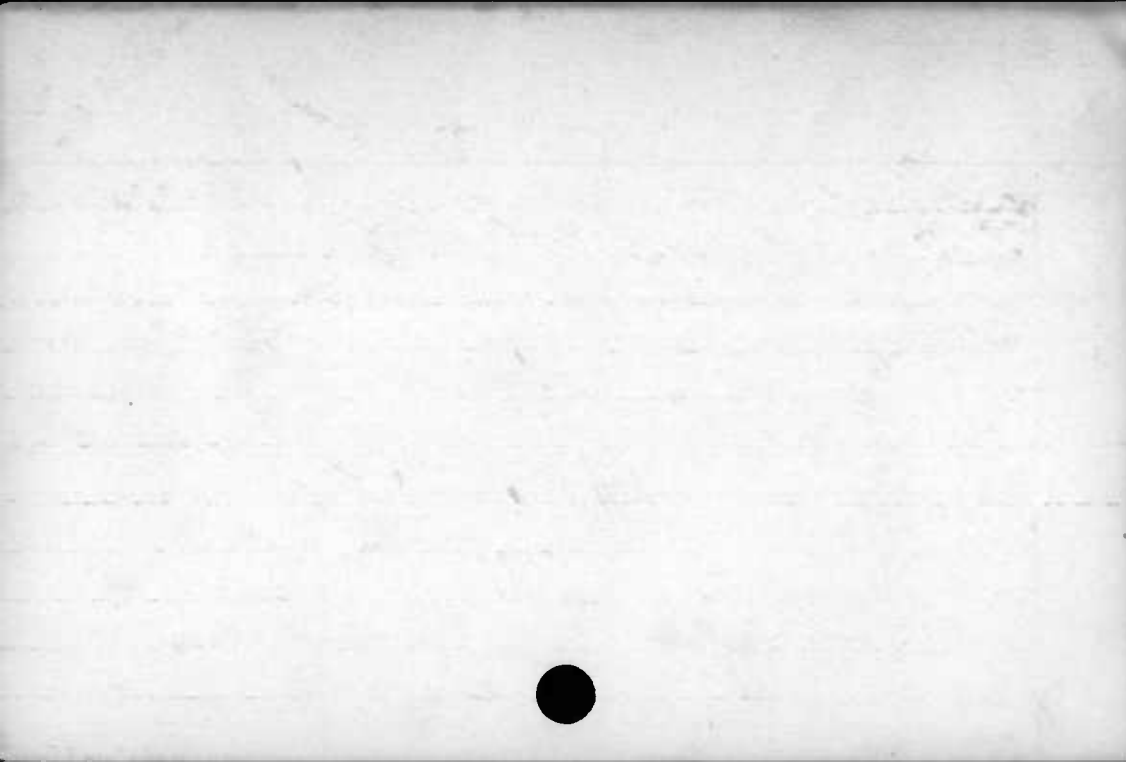
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>East Port</u> <small>Town</small>		<u>At</u> <small>County</small>		MARYLAND	
Date of death 190	<u>2</u> <small>Month</small>	<u>July</u> <small>Day</small>	<u>20th</u> <small>Age</small>	<u>3</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>East Port</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Frank Smith</u>			Father's Birthplace <u>Atbounty</u>		
Mother's Maiden Name <u>Elizabeth Brown</u> ¹⁰⁵			Mother's Birthplace <u>Atbounty</u>		
Name of person giving Information <u>Frank Smith</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gastro-enteritis</u>	How long <u>One week</u>
Immediate <u>Asthenia</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout</u> ¹¹²
	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name
in
Full

Charles Arthur Snow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>South Baltimore</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	<u>July</u> ^{Month}	<u>18</u> ^{Day}	Age <u>44</u> ^{Years}	<u>2</u> ^{Months}	<u>3</u> ^{Days}
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Fredericksburg Iowa</u>		
Married, Single <u>married</u>	Occupation <u>Wheel Moulder</u>				
Name of Wife or Husband <u>Lizzie Snow</u>					
Father's Name <u>Charles Phelps Snow</u>			Father's Birthplace <u>Syracuse New York</u>		
Mother's Maiden Name <u>Sarah Ann Brown</u>			Mother's Birthplace <u>Buffalo N.Y.</u>		
Name of person giving information <u>Mrs. Mammie Petbone</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Aneurism of the Thoracic Aorta</u>	How long <u>Several Months</u>
Immediate <u>Rupture</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. B. Horton M.D.</u>
	Address <u>So. Balto, Md</u>

2222



Name in Full		Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
		Date of death 190 <i>2</i> ^{Month} <i>July</i> ^{Day} <i>8</i>		Age <i>—</i> ^{Years}		Months <i>6</i> Days <i>10</i>	
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Annapolis</i>	
		Married, Single or Widowed <i>—</i>		Occupation <i>—</i>			
		Name of Wife or Husband <i>—</i>					
		Father's Name <i>Louis Vinton Thomas</i>				Father's Birthplace <i>A. A. C. Md</i>	
		Mother's Maiden Name <i>Daisy Basil</i>				Mother's Birthplace <i>A. A. C. Md</i>	
		Name of person giving information <i>105</i>				How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Marasmus</i>				How long <i>3 months</i>	
		Immediate <i>Exhaustion</i>				How long <i>2 weeks</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Wm S. Welch</i>	
						Address <i>Annapolis, Md,</i>	
		Accident or Suicide?					



Name
in
Full

Elizabeth Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pattuxent</i> Town		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190	2	Month	7	Day	15
Age		Years		Months	2
				Days	19
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Married, Single or Widowed	<i>Single</i>		Occupation	<i>Pattuxent</i>	
Name of Wife or Husband					
Father's Name	<i>Robert Thomas</i>			Father's Birthplace	<i>Howard Co</i>
Mother's Maiden Name	<i>Natie Allen</i>			Mother's Birthplace	<i>Pattuxent</i>
Name of person giving information	<i>Robert Thomas</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Inanition & Malnutrition</i>	How long	<i>from birth</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. W. Dubois, M.D.</i>
		Address	<i>Farmville, N.C.</i>
Accident or Suicide?			



Name
in
Full

Louisa Waller

CERTIFICATE OF DEATH

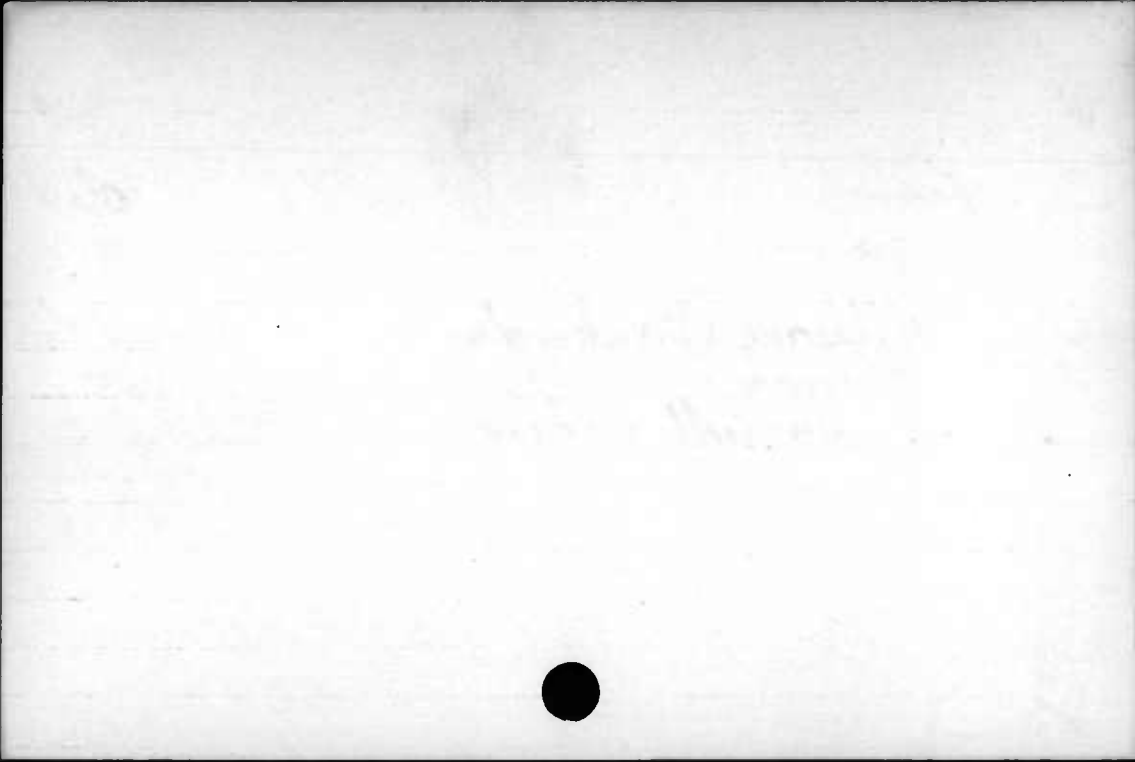
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brooklyn		County aa		MARYLAND	
Date of death 1902		Month 7		Day 25		Age Years 10	
Sex Female		Color or Race white		Birth- place Md			
Married, Single or Widowed Single		Occupation					
Name of Wife or Husband							
Father's Name Geo J Waller		Father's Birthplace Australia					
Mother's Maiden Name Marry Lester		Mother's Birthplace gr					
Name of person giving In formation Geo J Waller		How related to deceased Father					

CAUSES OF DEATH

Primary Cholera Infantum		How long 2 day	
Immediate -		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas. A. Brook	
		Address Brooklyn	
Accident or Suicide? -			

PHYSICIAN
OR CORONER



Name
in
Full

Thelma Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death 190	<i>2</i> <small>Month</small>	<i>July</i> <small>Day</small>	Age	<i>11</i> <small>Years</small>	<i>8</i> <small>Months</small>
Sex	<i>female</i>	Color or Race	<i>colored</i>	Birth-place	<i>Annapolis</i>
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			<i>William Washington</i>		
Mother's Maiden Name			<i>Elizabeth Coker</i>		
Name of person giving information			<i>Harriett Coker</i>		
Father's Birthplace			<i>Annapolis</i>		
Mother's Birthplace			<i>Annapolis</i>		
How related to deceased			<i>Grand mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis (General)</i>	How long	<i>Months</i>
Immediate	<i>Asthma</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>F. H. Thompson</i>	
Accident or Suicide?		Address	
		<i>93 Church St., Annapolis, Md.</i>	



Name
in
Full

Geo E. West

CERTIFICATE OF DEATH

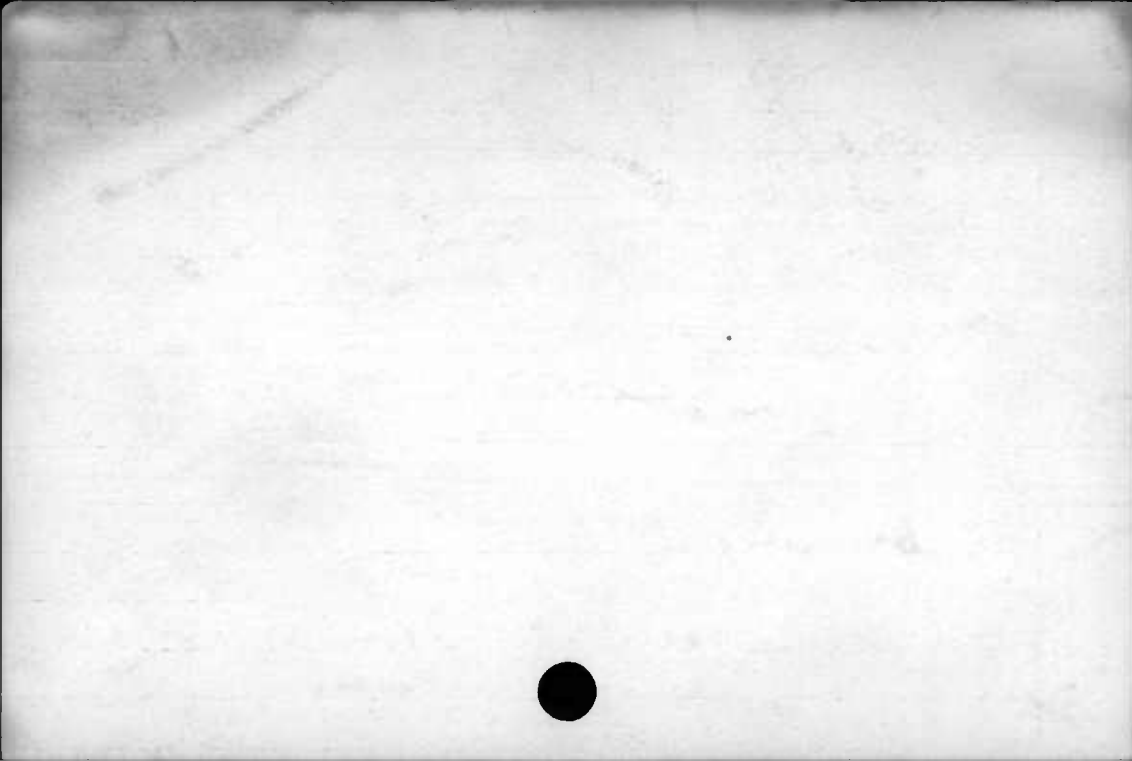
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death 190 <i>2</i>		Month <i>July</i>		Day <i>6th</i>		Age <i>24.</i>		Years <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Del.</i>		Months <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>				Occupation <i>Waterman</i>					
Name of Wife or Husband <i>—</i>									
Father's Name <i>Geo West</i>						Father's Birthplace <i>Del.</i>			
Mother's Maiden Name <i>Mary Evers</i>						Mother's Birthplace <i>Del.</i>			
Name of person giving information <i>Levi R Ferguson</i>						How related to deceased <i>brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>bronchitis</i>		How long <i>172</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John H Waver</i>	
		Address <i>Crown Annopolis Md</i>	
Accident or Suicide?			



Name
in
Full

Washington Williams

CERTIFICATE OF DEATH

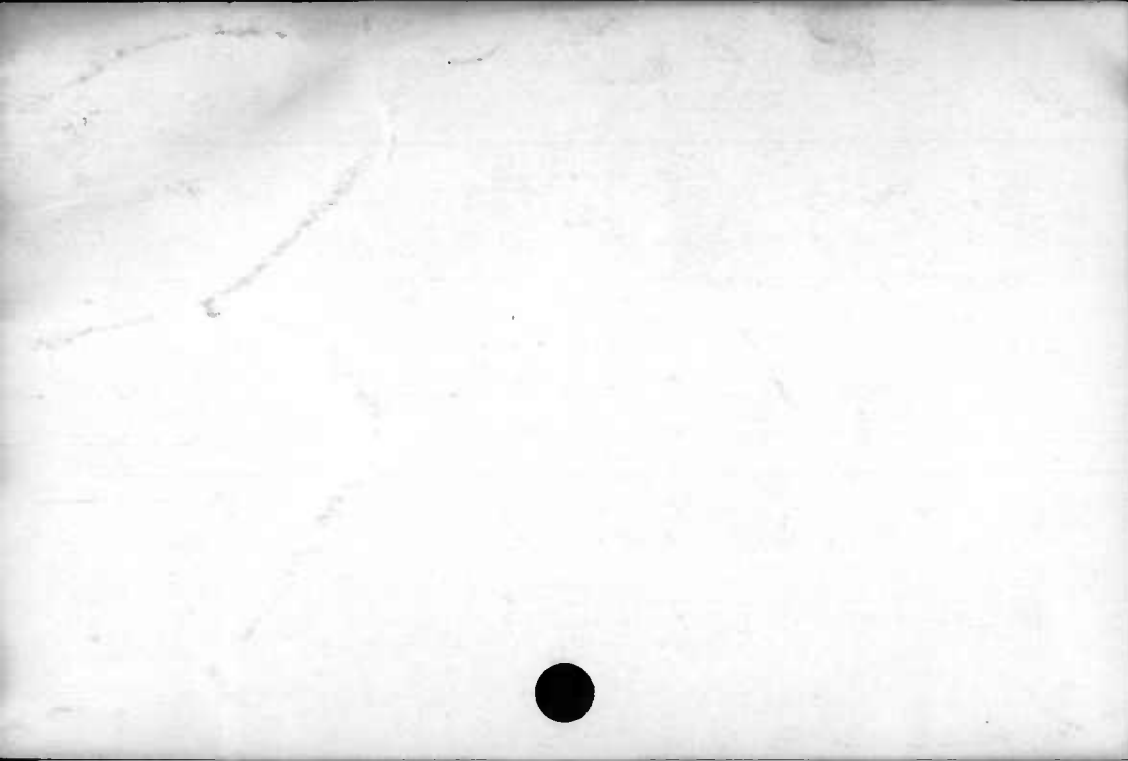
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
2		7	11	66			
Sex		Color or Race		Birth-place			
Male		Black		MD			
Married, Single or Widowed		Occupation					
Married		Laborer					
Name of Wife or Husband							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
						120	
Name of person giving information						How related to deceased	

CAUSES OF DEATH



PHYSICIAN
OR CORONER

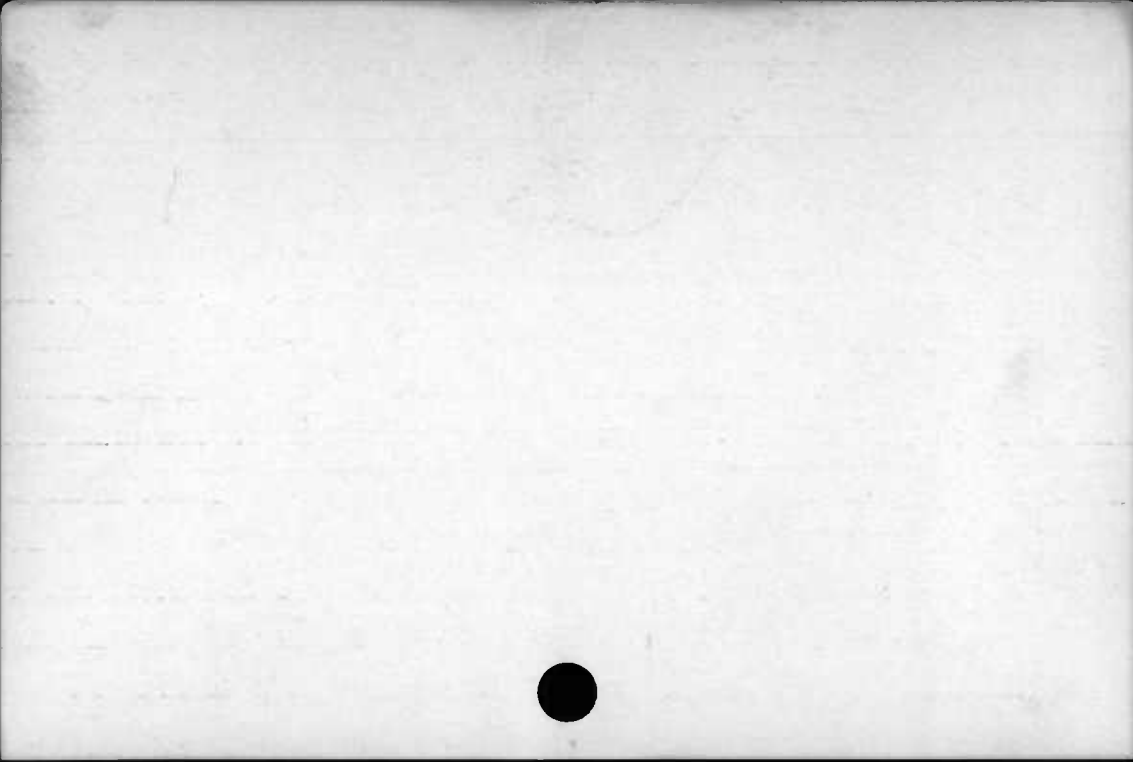
Primary		How long	
Chronic Nephritis		Six months	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		R. A. Hammond	
		Address	
		Jresup - MD,	
Accident or Suicide?			



Name in Full Elenora Ridout Winchester		TOWN West Annapolis 2^d		COUNTY Anne Arundel		CERTIFICATE OF DEATH	
Died at		Date of death 190 2		Month July		Day 17	
Sex Female		Color or Race White		Age 7		Months 7	
Married, Single or Widowed Single		Occupation 		Birth-place Md.		Days 	
Name of Wife or Husband 							
Father's Name Thomas Chace Winchester				Father's Birthplace A. A. Co			
Mother's Maiden Name Matlone J. Thompson				Mother's Birthplace Annapolis			
Name of person giving information Medford Roe				How related to deceased Uncle			
CAUSES OF DEATH							
Primary Enterocolitis		105		How long 3 wks.			
Immediate Convulsions				How long 			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician F. B. Thompson M.D.		Address Annapolis Md.			
Accident or Suicide? 							



Name in Full Benz. Worthen		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Annapolis		County AA		MARYLAND
	Date of death 190	Month July	Day 19th	Age 27	Months 11
	Sex Male		Color or Race Colored	Birth-place At home	
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Name Thomas Worthen		Father's Birthplace At home		
	Mother's Maiden Name Mary Worthen		Mother's Birthplace At home		
	Name of person giving information Mary Worthen		How related to deceased Mother		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Pulmonary Tuberculosis		How long Months		
	Immediate Exhaustion		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout M.D.		
			Address Annapolis Md.		
<div>  </div>					
<div>  </div>					
Accident or Suicide?					



Lorito S. Zeller

CERTIFICATE OF DEATH

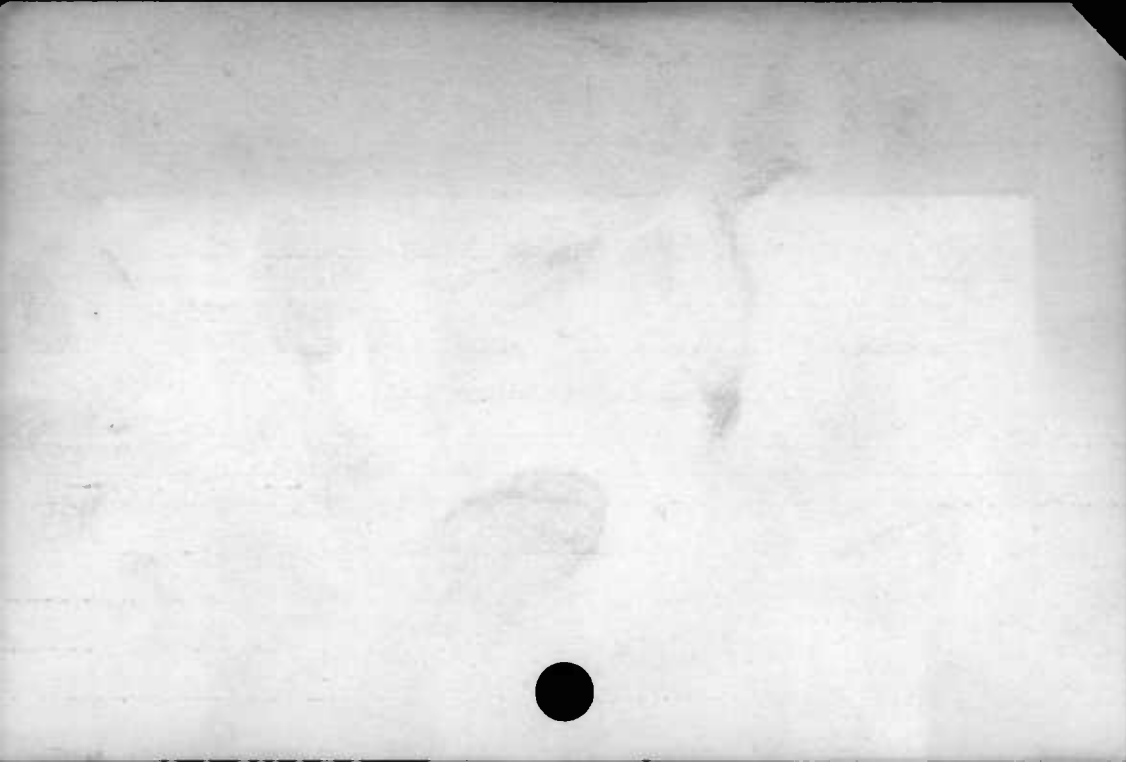
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death 190		Month July	Day 2 ^d	Age Years		Months 2	Days 26
Sex Female		Color or Race white		Birth- place Annapolis			
Married, Single or Widowed Single		Occupation					
Name of Wife or Husband							
Father's Name Henry Zeller				Father's Birthplace Annapolis			
Mother's Maiden Name Margaret Farral				Mother's Birthplace Annapolis			
Name of person giving Information Mary Farral				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	one month
Immediate	Inanition & Exhaustion	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Wm. S. Welch	
		Address Annapolis	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Blazej Ziobron
County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Single

Widow

Widower

Divorced

Number of children living

Mother's

Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

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Name In Full

Certificate of Death

Helen Johnson

Died at E. Brimley And County MARYLAND

Date 1962 7 11 Month Day Y. M. D. Native of md Occupation Infant

Female White Married 1 Widowed 1 Divorced 1 Number of children living 1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

